



Quarterly Progress Report January 1 - March 31, 2012

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Prepared for
USAID/Zambia
United States Agency for International Development
ATTN: Ms. Joy Manengu, COTR
Ibex Hill, Lusaka
Zambia

Prepared by
FHI/Zambia
2055 Nasser Road, Lusaka
P.O. Box 320303
Woodlands
Lusaka, Zambia

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LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CHC	-	Chronic HIV Checklist
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DMOs	-	District Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 2014) US\$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). We implement technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT); counseling and testing (CT); and clinical care services, including ART and male circumcision (MC), for people living with HIV/AIDS (PLHA).

ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are its foundation. During the quarter, ZPCT II continued providing support to selected districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will continue to implement the quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II supported 383 health facilities (366 public and 17 private) across 44 districts this quarter. Key activities and achievements for this reporting quarter include the following:

- 137,211 individuals received CT services in 383 supported facilities. A total of 196,680 received CT, including those accessing the service through PMTCT.
- This quarter 59,469 women received PMTCT services, out of which 4331 tested HIV positive in 371 supported facilities. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 5857.
- ZPCT II provided technical assistance with a focus on new technical strategies and monitoring quality of services.
- All ZPCT II supported facilities offered palliative care services, which addressed the needs of 219,003 individuals.
- 132 public and 14 private health facilities provided ART services and all 146 report independently (80 are static and 66 are outreach sites). A total of 7,962 new clients (including 592 children) were initiated on

antiretroviral therapy. Cumulatively, 151,650 individuals are currently on antiretroviral therapy and of these 10,493 are children.

- 320 health care workers trained by ZPCT II in the following topics: 33 in CT, 112 in PMTCT, 93 in adult ART/OI management, 26 in paediatric ART/OI management, 12 in male circumcision, 8 in ART commodity management for laboratory and pharmacy, and 36 in equipment use and maintenance.
- 249 community volunteers trained by ZPCT II in the following: 16 CT, 154 PMTCT and 79 in adherence counseling,
- ZPCT II mentored 11 HCWs under the model sites strategy in North-Western Province.
- 61 health facility renovations have been completed to date from the planned 63 renovations for year three, while the remaining two facility works are expected to be completed next quarter. Tender documents are currently being developed and compiled for the 52 new refurbishments targeted for 2012, and advertisement will commence next quarter.
- Lufwanyama and Ndola Districts in Copperbelt, Chavuma District in North-Western, and Mansa District in Luapula were graduated this quarter after they met the graduation criteria outlined in the quality assurance graduation tools. This brings the total number of graduated districts to 24. ZPCT II is still providing limited technical and financial assistance in all the graduated districts.
- The Saving Mothers Giving Life proposal and work plan and budget was approved by USAID, including procurement requests for ambulances and motorcycle ambulances. Both the ambulances and motorcycle ambulances were ordered. Tender documents for SMGL renovations of 12 facilities in Mansa have been completed.
- An Abstract "Getting the most from community volunteers: lessons learnt from the ZPCT II project, Zambia, was accepted for the International AIDS Conference in Washington from 22nd 27th July 2012.

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Apr. – Jun. 2012)

ZPCT II partners with the MOH at national, provincial, district and facility levels and will also continue to collaborate with other non-GRZ partner organizations at all levels. The following activities are anticipated for next quarter (April – June 2012):

- Capacity-building trainings for PMOs and DMOs in financial management, governance, HR and planning
- Implementation of an operational study on HIV re-testing in PMTCT having received MOH approval
- Training of trainers on use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients within clinical care settings; the goal is to increase referrals and improve management of cases of GBV to other needed services
- Disbursements of grants to five community based organizations to implement community level HIV and AIDS activities under the Fixed Obligation Grants
- The Memorandum of Understanding (MOU) with the Ministry of Health (MOH) was amended to include the newly created Muchinga Province whose MOU with the PMO will be signed in the next quarter
- ZPCT II is expected to deliver 3 ambulances and 12 motorcycle ambulances for use in the Saving Mothers Giving Life initiative. ZPCT II is also expected to participate in coordination meetings with other partners and plan and implement community sensitization activities around the SMGL. ZPCT II will also reorient health care workers within MCH to incorporate SMGL messages in their work.

TECHNICAL SUPPORT NEXT QUARTER (Apr. – Jun. 2012)

- Dr. Richard Yoder (Project Technical Lead, Cardno EMG) and Ms. Violet Ketani (Project Manager, CardnoEMG) will travel to Lusaka to provide TA, local staff training and assist with key technical assignments in March 2012
- Cecilia Kelly, Human Resource Partner, Management Sciences for Health, will travel to Lusaka to provide HR and administrative support for MSH staff in the ZPCT II project
- Justin Mandala from FHI360 HQ, will travel to Lusaka to provide technical assistance in PMTCT to the ZPCT II program in June 2012
- Lisa Dulli will travel to Lusaka to help advance the planning for 4 specific ZPCT II scientific publications that are based on existing program data.
- John Bratt and Rick Homan will travel to Zambia in the first week of June 2012 to help construct a system to routinely gather cost data for all ZPCT II project outcomes.

ZPCT II Project Achievements August 1, 2009 to March 31, 2012

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan-Mar 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 - Mar 12)	Targets (Jan -Dec 2012) ¹	Achievements (Jan -Mar 2012)	Male	Female	Total
1.1 Counseling and Testing (Projections from ZPCT service statistics)								
	Service outlets providing CT according to national or international standards	370	383 (366 Public, 17 Private)	370	383 (366 Public, 17 Private)			383 (366 Public, 17 Private)
	Individuals who received HIV/AIDS CT and received their test results	728,000	1,164,535	501,883	137,211	65,390	71,821	137,211
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ²	1,300,000	1,676,363	718,999	196,680	65,390	131,290	196,680
	Individuals trained in CT according to national or international standards	2,316	1360	491	33	9	24	33
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	371 (357 Public, 14 Private,)	359	371 (357 Public, 14 Private,)			371 (357 Public, 14 Private,)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	511,828	217,116	59,469		59,469	59,469
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	58,463	22,000	5,857		5,857	5,857
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	3,005	1,023	112	51	61	112
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	383 (366 Public , 17 Private)	370	383 (366 Public , 17 Private)			383 (366 Public, 17 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ³	560,000	230,558	268,986	219,003	85,886	133,117	219,003
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	16,846	21,409	16,031	8,076	7,955	16,031
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	1,635	763	119	52	67	119

¹ The targets used here are updated based on the revisions done on the COP12 targets in February 2012 and have some variations compared to approved 2012 Workplan. Approval was done in December 2011.

² Next Generation COP indicator includes PMTCT

³ **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan-Mar 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 - Mar 12)	Targets (Jan -Dec 2012) ¹	Achievements (Jan -Mar 2012)	Male	Female	Total
	Service outlets providing ART	130	146 (132 Public , 14 Private)	132	146 (132 Public , 14 Private)			146 (132 Public , 14 Private)
	Individuals newly initiating on ART during the reporting period	115,250	81,957	37,487	7,962	3,277	4,685	7,962
	Pediatrics newly initiating on ART during the reporting period	11,250	6,310	3,267	592	297	295	592
	Individuals receiving ART at the end of the period	146,000	151,650	173,958	151,650	60,290	91,360	151,650
	Pediatrics receiving ART at the end of the period	11,700	10,493	12,474	10,493	5,283	5,210	10,493
	Health workers trained to deliver ART services according to national or international standards	3,120	1635	763	119	52	67	119
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	383 (366 Public , 17 Private)	370	383 (366 Public , 17 Private)			383 (366 Public , 17 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	15,071	6,051	1,683	807	876	1,683
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1635	763	119	52	67	119
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet ⁴	30,400	22,579	4,152	2,701	1,546	1,155	2,701
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	50	40 (38 Public , 2 Private)	50	40 (38 Public , 2 Private)			40 (38 Public , 2 Private)
	Individuals trained to provide MC services	260	241	68	12	10	2	12
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	12,407	8,000	3,153	3,153		3,153
2.1 Laboratory Support (Projections from ZPCT service statistics)								
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	106 (97 Public , 9 Private)	106	106 (97 Public , 9 Private)			106 (97 Public , 9 Private)
	Laboratories with capacity to perform clinical laboratory tests	N/A	144 (129 Public ,15 Private)	138	144 (129 Public ,15 Private)			144 (129 Public ,15 Private)

⁴ This indicator is the same as the PEPFAR indicator C3.1.D - Number of TB patients who had an HIV test result recorded in the TB register. Its was previously under-reported in the previous report and this has been corrected and reflected here.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–Mar 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Mar 12)	Targets (Jan –Dec 2012) ¹	Achievements (Jan –Mar 2012)	Male	Female	Total
	Individuals trained in the provision of laboratory-related activities	375	691	87	40	26	14	40
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	3,441,956	1,388,251	392,572			392,572
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)								
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	1300	491	16	7	9	16
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	903	350	154	57	97	154
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	609	145	79	30	49	79
3 Capacity Building for PHOs and DHOs (ZPCT II projections)								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47	47	47			47
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	17	24	17			17
Gender								
	Number of pregnant women receiving PMTCT services with partner	N/A	149,322	N/A	21,415		21,415	21,415
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	382,111	N/A	44,415	17,508	26,907	44,415

QUARTERLY PROGRESS UPDATE

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

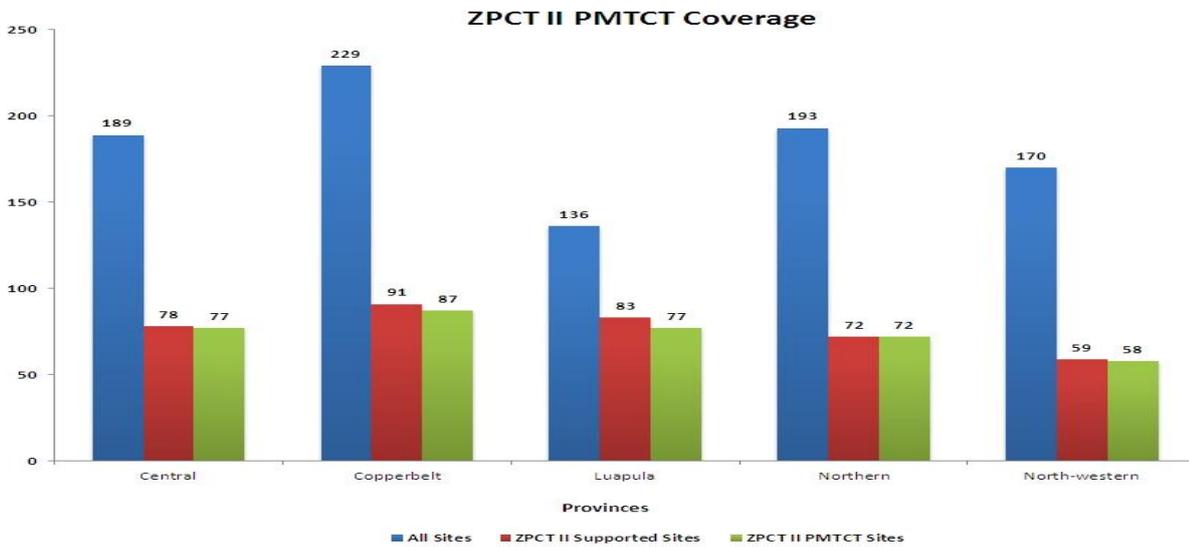
1.1: Expand counseling and testing (CT) services

This quarter, CT services were provided in 366 public and 17 private facilities. A total of 137,211 clients were counseled, tested and received results. Of these, 18,318 clients were HIV positive and were referred for assessment for ART. Our TA focused on:

- Integrating CT into other health services: This quarter, 8557 CT clients were referred for FP and provided with FP services, and 16,170 FP clients were provided with CT services. In addition, 1089 TB clients with unknown HIV status received CT, and 7834 HIV-negative CT clients were referred for MC services. ZPCT II used mobile MC and community mobilization efforts to help increase the number of men referred for circumcision.
- Strengthening of retesting of HIV negative CT clients: Mentorship of HCWs continued to support re-testing of all HIV negative CT clients after the three month window period as well as improve proper documentation through working with data entry clerks based in the facilities. An increase in the number of clients re-testing had been noted this quarter. 22,891 re-tested during this quarter in comparison to 20,986 during the previous quarter.
- Paediatric CT services: During this quarter, 23,246 children were tested for HIV in under-five clinics as well as in the pediatric wards across the six supported provinces. Of these, 1285 tested positive, received their test results and were linked to care and treatment services.
- Couple counseling and testing: Couple CT remained a priority, especially for partners attending clinic alone. Training and mentorship of HCWs and community volunteers in the supported facilities was done to strengthen couple CT. As a result, 23,000 general couple CT clients and 19,823 PMTCT partners received CT this quarter. A total of 42,823 individuals received CT as couples.
- Screening for chronic conditions within CT services: ZPCT II continued to strengthen routine use of the chronic HIV care (CHC) symptom screening checklist to screen for hypertension, diabetes mellitus and tuberculosis (TB) in CT settings. The checklist was administered to 22,423 CT clients across the six provinces during this quarter.
- Integration of screening for gender based violence (GBV): This quarter, screening for GBV in CT clients remained a priority. Orientation of HCWs on GBV was emphasized in CT trainings and through on-site mentoring of the counselors (both HCWs and lay counselors) to enable them to screen for GBV as they provide CT services. ZPCT II will identify networks to link the GBV clients in cases that require quick intervention beyond CT. In addition, ZPCT II reviewed some components on GBV for integration into the CT training manual.
- Prevention with Positives (PwP): Mentorships for HCWs and community volunteers continued on the provision of PwP services to CT clients in both pre- and post-test counseling.
- Administration of QA/QI tools: ZPCT II continued to administer QA/QI tools to ensure provision of quality CT services. (See QA/QI section under Strategic Information for more details.)

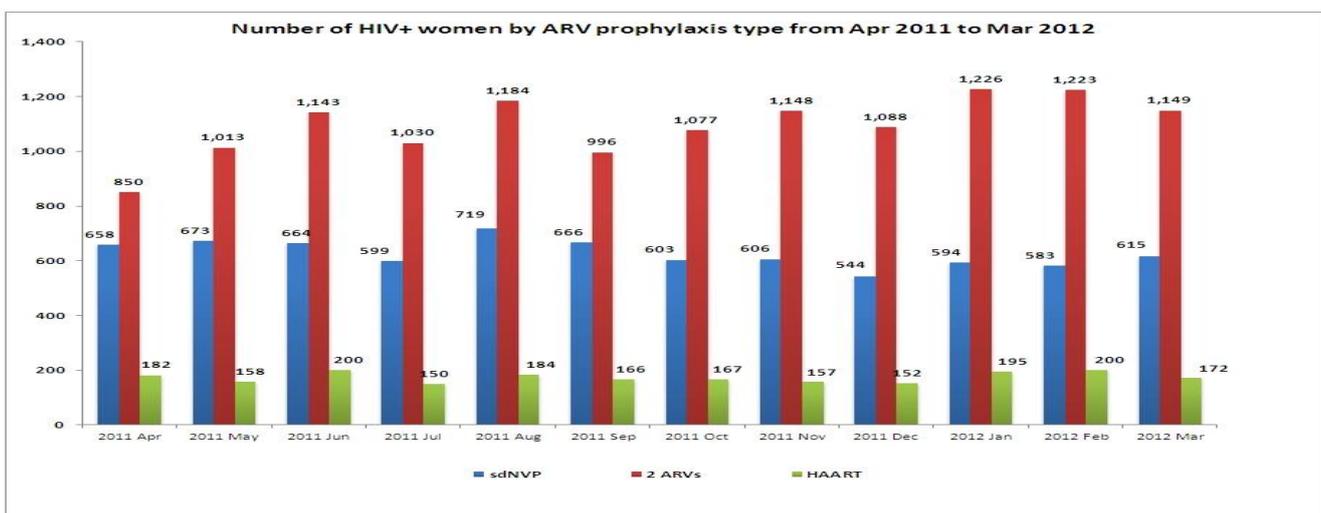
1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

Across the six ZPCT II-supported provinces, 357 public and 14 private health facilities provided PMTCT services. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.



A total of 59,469 pregnant women received PMTCT services: 4331 were HIV positive and 5857 received a complete course of ARVs for PMTCT. In line with renewed global and national efforts towards elimination of MTCT of HIV, ZPCT II worked closely with the HCWs in supported facilities to improve the following:

- Access to more efficacious regimen for HIV positive women: Mentorship was done on need for improved access to CD4 count for HIV positive pregnant women to facilitate provision of HAART to those found to be eligible with emphasis on sample collection on booking day. 2,830 out of 4,331 pregnant women who tested HIV positive (65%) were assessed by CD4, 32% (919/2,830) were eligible for HAART, and 62% (567/919) were commenced on HAART while those not eligible were commenced on ARV prophylaxis for PMTCT services. In order to strengthen this activity, PMTCT job aids were revised in line with 2010 PMTCT guidelines, printed and distributed to the provinces with orientation done to the providers on their usage.
- Re-testing of HIV negative pregnant women: Mentoring of health care workers on HIV retesting for pregnant women who test HIV negative early in their pregnancies and before delivery is ongoing at all the sites providing PMTCT services. During the reporting period, 12,969 pregnant women were re-tested for HIV with 756 sero-converting. All those that sero-converted were provided with ARVs for PMTCT prophylaxis or treatment according to eligibility.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies: ZPCT II staff worked with HCWs to ensure that all exposed infants were tested using DBS in all ZPCT II supported facilities. Clients who failed to report were followed up in the community. A total of 203 health facilities were providing EID and 4184 samples were sent to the PCR laboratory at ADCH, out of which 368 were reactive.



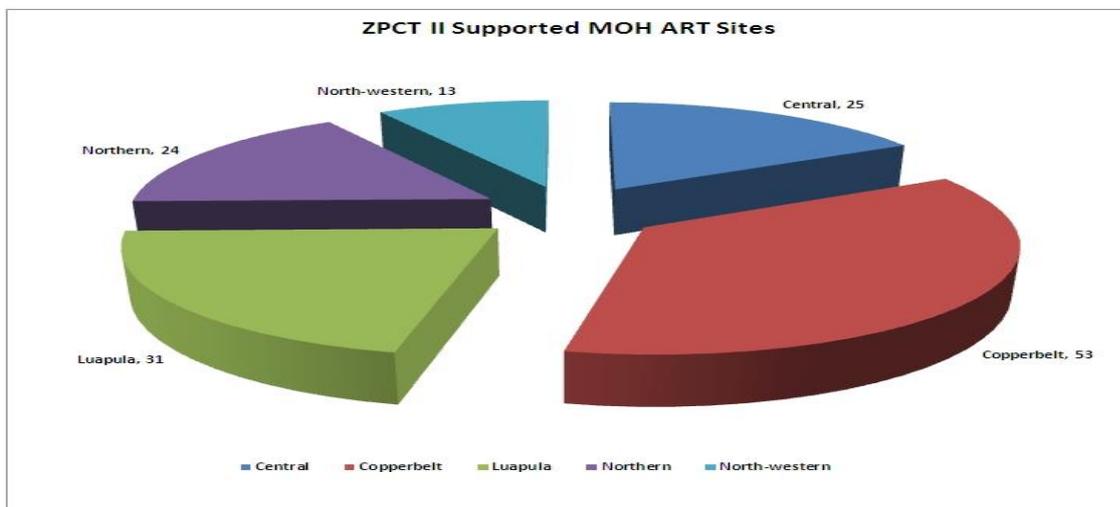
Other TA areas of focus under PMTCT included:

- The web2sms pilot: This is ongoing in the selected 22 pilot sites and is aimed at improving the turnaround time for DNA PCR results. The intervention will be evaluated in the next quarter.
- Integrating family planning within ANC/PMTCT services: Technical assistance continued to be provided to all the supported sites to strengthen linkages between family planning counseling with ANC and postnatal services.
- HIV retesting study: This is ongoing in the ten study sites and will be completed in the third quarter of 2012. Data collection was being collected in this quarter at all the sites and will be analyzed at the end of the study.

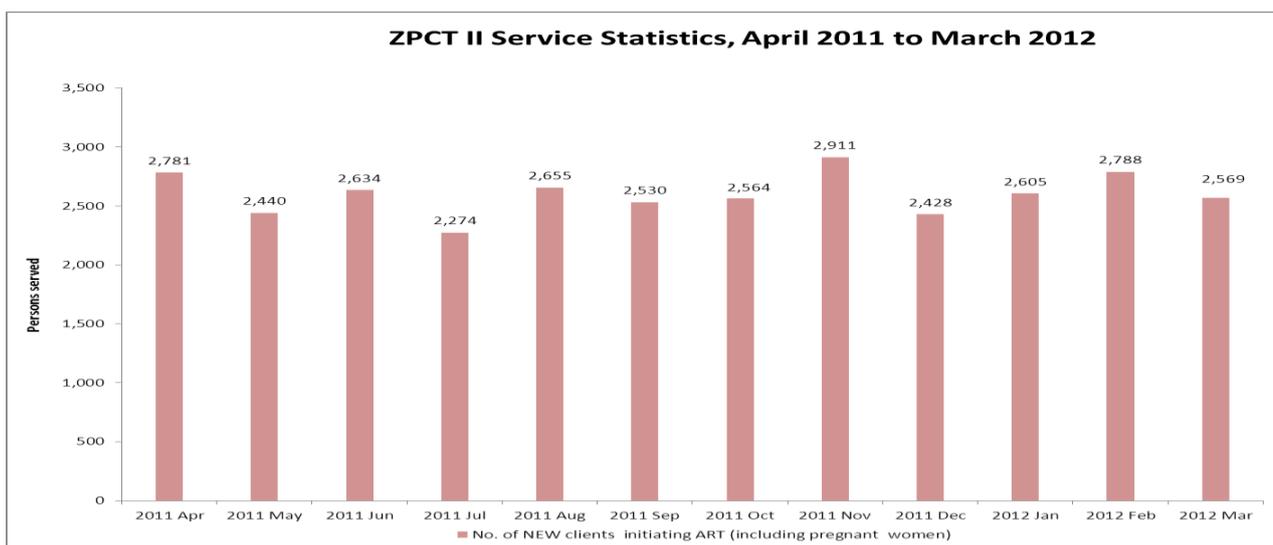
1.3: Expand treatment services and basic health care and support

ART services

A total of 132 public and 14 private ART sites received support from ZPCT II to strengthen and scale up ART services in the six supported provinces. The two new facilities which started receiving technical support and reporting ART data are Zambia Flying Doctor Services (ZDFS) Clinic in Ndola which is a public institution, and Tusekelemo Clinic in Mkushi which is private.



7,962 new clients (including 592 children) were initiated on antiretroviral therapy this quarter. This included 583 pregnant women that were identified through the PMTCT program. Cumulatively, there are now 151, 650 patients that are receiving treatment through the ZPCT II supported sites, out of which 10,493 are children.



ART on-going activities

During this quarter, the following aspects were strengthened:

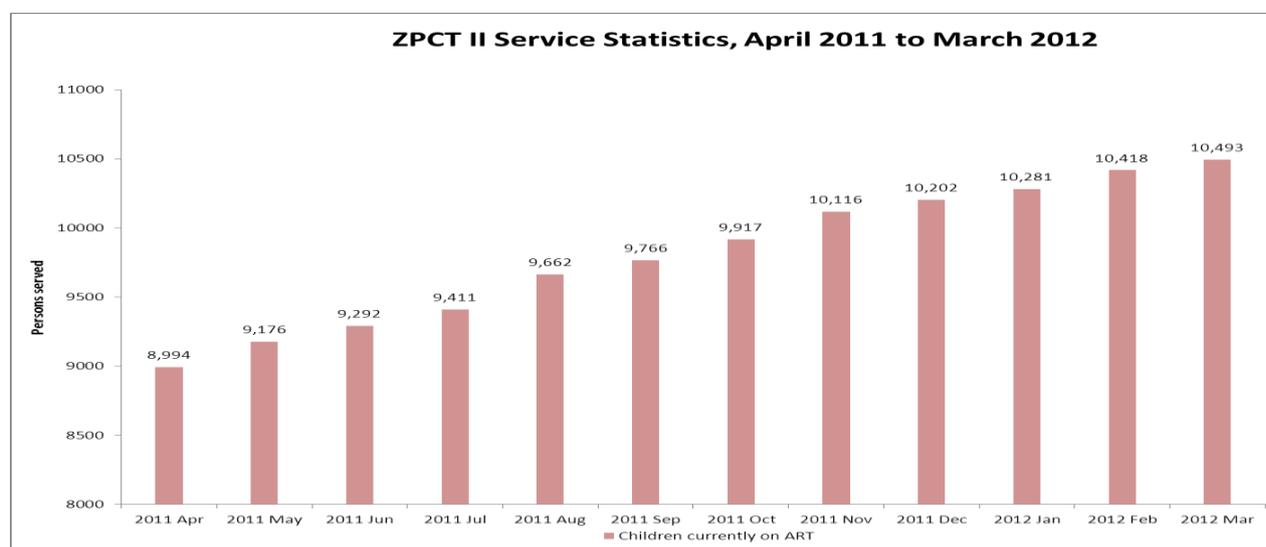
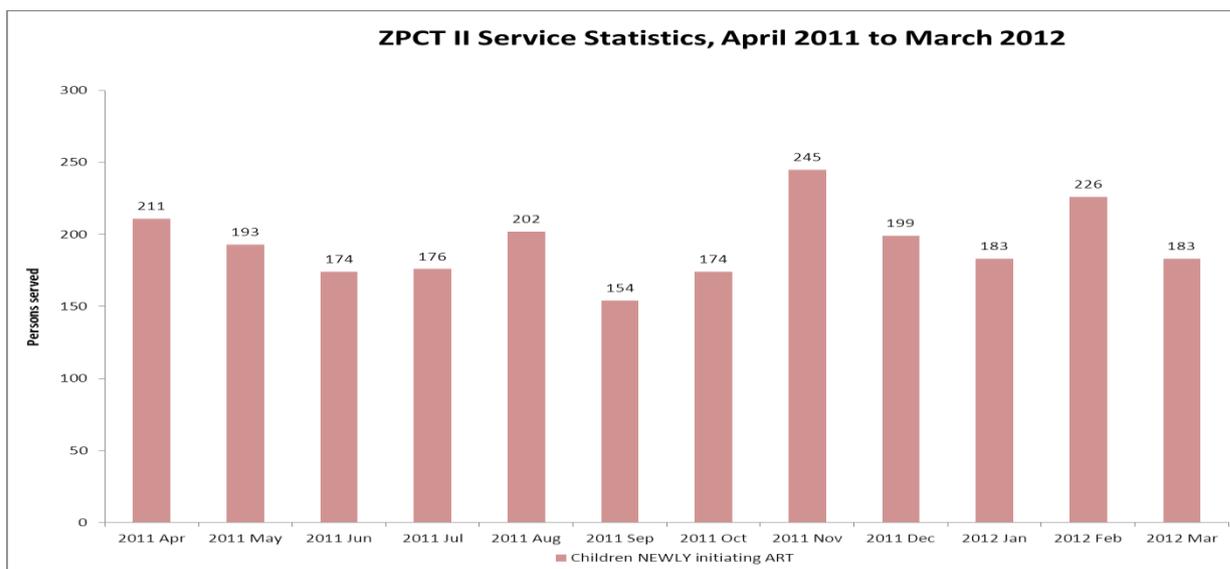
- Hands-on mentorship and supervision of HCWs providing ART services: In addition to the ongoing technical assistance that was provided to the supported health facilities, ZPCT II supported the distribution of revised adult and paediatric ART guidelines and job aids. The distribution list includes the supported private sector sites. This quarter, orientation of HCWs in the new revised national adult and paediatric ART guidelines to support operationalization of these guidelines continued at facility level.
- Support towards accreditation of ART sites: ZPCT II intensified preparations for this exercise with the view of getting at least 20 other ART sites accredited across the six supported provinces. The Health Professions Council of Zambia (HPCZ) did not carry out any assessments this quarter but it is hoped this will happen in the coming quarter.
- HIV Nurse Practitioner (HNP) program: A lot of progress has been made in preparing the HIV Nurse Practitioner students to be effective and dependable prescribers across the six provinces. This quarter, mentorship before final examinations took place. Measures have been put in place to prepare them adequately for the examinations taking place next quarter.
- Pilot Short Message System (SMS) application for defaulting clients (Web2SMS) technology: The pilot continued during the period under review. During the next quarter, data analysis will commence to evaluate the pilot study. Operational challenges with the Airtel have necessitated a transition to MTN, and plans to publish the results in a peer reviewed journal are underway.
- Post exposure prophylaxis (PEP): Successes have been recorded in Central and North-Western Provinces of ZPCT II where both ART and non- ART facilities have established PEP. The other provinces are still facing logistical challenges. This quarter, the number of sites with capacity to provide PEP services has increased from 261 to 271 while a total of 147 clients who accessed this service. ZPCT II continued working with MOH to harmonize the ordering process for PEP drugs as some districts and provinces are using the PMTCT logistics system, while others are using the ART logistics systems. In some cases facilities are using essential drugs procurement procedures.
- Model sites: In the last quarter, computers with internet facilities were delivered and installed in model sites for Continuous Medical Education (CMEs). Recommended websites where advanced education in ART could be obtained have been identified and with the help of Information Technology (IT) unit. A linkage and creation of a list-serve will be created to facilitate interaction between the ZPCT II clinical care staff and the model facility staff to discuss management of complicated ART cases and related subjects. During the last quarter the second tranche of five model sites were identified and training will start next quarter.
- ART QA/QI tools: The tools were administered in 118 facilities across the six supported provinces, including; 23 in Central, 38 in Copper belt, 20 in Luapula, 22 in Northern, and four in North-Western.

Pediatric ART activities

This quarter, ZPCT II supported the provision of quality paediatric HIV services in 146 ART sites. From these facilities, 592 children were initiated on antiretroviral therapy this quarter, while 10, 493 children remain active on treatment. The focus of technical assistance by ZPCT II for paediatric ART included:

- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: During the reporting quarter, ZPCT II provided support including training of HCWs in paediatric ART and on-site mentorship. Emphasis on innovative ways to improve linkages and initiating children on HAART such as immediate transmission of encrypted PCR results by email from the PCR lab to provincial paediatric HIV officers for ZPCT II has been finalized and will be operationalized in the next quarter.
- Adolescent HIV clinics: This quarter, the unit sustained the activities with support for the adolescent support group meetings at Ndola Central, Kitwe Central and Arthur Davison Hospitals. Routine adolescent clinics have continued at these facilities. Northern, North-Western and Central provinces are at varying

levels of preparedness to initiate these services. Next quarter, provincial technical staff from ZPCT II and MOH facilities from all six supported provinces will be invited for a three-day visit to the University Teaching Hospital’s Pediatric Center of Excellence (UTH PCOE). This is aimed at providing an opportunity to the provincial teams to learn the best practices in supporting adolescent services in line with expectations of the PEPFAR documents such as the Technical Brief and the Adolescent Transition Toolkit on supporting transitioning of adolescent from pediatric to adult care.



Clinical palliative care services

A total of 383 public and 17 private health facilities provided clinical palliative care services for PLHA this quarter. 219,003 (including 16,031 children) clients received care and support at ZPCT II supported sites this quarter. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), nutrition assessment using body mass index (BMI) and nutrition support for children using plumpy nut ready to use food in ten sites. In addition, ZPCT II also supported screening of chronic conditions such as hypertension, diabetes mellitus.

- **Managing HIV as a chronic condition:** Screening for chronic conditions such as diabetes and hypertension was strengthened in all supported sites through onsite mentorship and monitoring. A total of 15,608 patients were screened using the chronic HIV checklist during this quarter. ZPCT II has finalized a concept paper focusing on analysis of glucometer screening for suspected diabetics identified after screening with the CHC checklist in the pilot sites which should be done starting next quarter. A further 20 glucometers were distributed in the last quarter to enhance screening of diabetes mellitus.

- Nutrition assessment and counseling: ZPCT II has been supporting the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). In the last quarter, a further revision of program indicators relating to nutrition were worked on so as to capture not only the number screened with normal weight but also to include the breakdown of those who are clinically underweight and overweight as well as obese. This indicator should be operational next quarter.
- Screening for gender based violence (GBV) in clinical settings: The training package that was pre-tested on the Copperbelt Province has been adopted with minor edits. Using the CHC screening tool, a total of 11,760 clients received screening for GBV in ART clinical settings. This was primarily done by the ASWs who were oriented on the gender module rolled out last quarter in North-Western, Luapula and Northern provinces.
- Cotrimoxazole prophylaxis: ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children who needed treatment in accordance with the national guidelines. This quarter, 6,341 clients were put on cotrimoxazole prophylaxis, including 3,088 initiated on cotrimoxazole through the PMTCT program. Various job aids distributed last quarter based on revised adult and pediatric guidelines including those that focus on desensitization for people who are allergic to cotrimoxazole are now being used in the field. Clients who have found to be hypersensitive to cotrimoxazole will be reported using the pharmacovigilance registers.

1.4: Scale up male circumcision (MC) services

MC services were being provided in 40 ZPCT II facilities including two private facilities. Two facilities initiated services this quarter namely; Mansa Central Clinic and Kaputa Rural Health Centre. Technical assistance, mentorship and supportive supervision were provided in all the 40 supported sites. This quarter, a total of 3,153 men were circumcised (1,683 in static sites). Out of these, 1,246 were counseled and tested for HIV before being circumcised (74% testing rate) and out of which 19 were found to be positive and referred for HIV care. During this quarter, some further reprogramming has been done to strengthen MC services in static sites. This was accomplished through sustained community mobilization activities using neighborhood health committees (NHCs) of each facility and expedited transport refunds for MC providers who work outside their normal working hours.

- Mobile MC Activities: To increase the numbers of clients being reached with MC services, ZPCT II continued implementing mobile MC activities. Through the mobile MC services, 1,470 were circumcised in the following provinces; 105 in Central, 684 in Copperbelt, 423 in Luapula, 57 in Northern, and 201 in North-Western. The mobile MC activities conducted usually commence with an intensive one week of mobilization in a specific high volume community, followed by another week of MC procedures at a local health center within the community. To increase impact, the number of MC outreach activities was increased from one to a minimum of two per quarter per province.
- Trainings: One male circumcision training was conducted in the Copperbelt Province this quarter. A total of 12 health care providers were trained in MC. This brings the number of health facilities with trained health providers to 61 and the total number of health care providers trained to date to 241.
- Job aids and IEC materials for MC: These materials developed last quarter in collaboration with CT/PMTCT unit were printed and distributed to the various provinces last quarter. The supported facilities in the respective provinces have started benefitting from the use of these job aids. These include MC client flow charts, MC counseling protocol and the MC counseling information charts.
- National level MC activities: ZPCT II continued participating in the national MC activities. ZPCT II participated in the finalization and national launch of the National Operation Plan for MC. The national launch was followed by provincial meetings throughout the country. The aim was to sensitize PMOs and DMOs so that they could understand the national scale up plans and be able to take ownership and give direction and resources at the local level. In addition, ZPCT II participated in the MC TDY which took place in the month of February. A team from the USG visited Kabwe Mine Hospital and carried out External Quality Assessments on the 7th February, 2012. They gave a favorable report. Gaps noted included lack of current licenses from the HPCZ for HCW and a perceived under reporting of adverse events. The surgical society of Zambia was on hand during the feedback to defend the dorsal slit method and its

advantages in terms of fewer adverse events. ZPCT II participation at national level has continued in MC activities both at the technical working group level and in the appropriate subcommittees.

TB-HIV services

ZPCT II supported its health facilities to strengthen TB/HIV services during this quarter. The focus for technical support included:

- **Strengthening the integration of CT into TB services:** This quarter, ZPCT II participated in the review of the National TB Program which was reviewing data collection and reporting tools. One of the key elements was making sure the TB card for the patient clearly indicates whether the client was tested for HIV or not. In the past there was confusion regarding clients with unknown status in terms of evidence and documentation. This is still work in progress.
- **Strengthening of screening for TB:** Across the six ZPCT II supported provinces, the CHC checklist was administered to ART clients as a tool for TB intensified case finding. In order to enhance referral linkages beyond screening through TB intensified case finding in the HIV clinical settings, the TB suspect register will be updated so as to include entry point of suspect in line with the revision of data collection and reporting tools mentioned above. In collaboration with TBCARE and the National TB Program (NTP), ZPCT II has reached advanced stages of consultation to roll out intensified case finding and availing sputum containers in the maternal and child health (MCH) working areas. Facilities are now being advised to order these sputum containers from Medical Stores limited.
- **TB and ART co-management:** TB patients who are HIV positive are eligible for ART according to the 2010 national ART guidelines. ZPCT II is working on reviewing its technical support performance in ensuring that clients who are eligible for ART are able to receive it. In addition, prompt mechanisms for referral from TB clinics/corners to ART clinics to have baseline CD4 testing, is being supported on an ongoing basis. Further, the TB/HIV job aids were printed and distributed together with other ART materials.
- **TB infection control:** ZPCT II has been participating in the National TB Program (NTP) meetings in the last quarter which have been reviewing the minimum package for TB infection control at the facility level. This is still work in progress but the expectation is to develop a standardized minimum package for facility level and the reporting framework in this area. Updates will follow next quarter.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory services

ZPCT II supported 129 laboratories in public health facilities this quarter. 97 of these laboratories have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis, while the remaining 32 provide minimal laboratory support. In addition, ZPCT II is supporting 15 laboratories under the public-private partnership, nine of which have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- **PCR laboratory at Arthur Davison Children's Hospital:** The PCR laboratory has continued to be part of the External Quality Control Proficiency Testing program run by the CDC Division of Global AIDS in Atlanta. During this quarter, the laboratory received the first proficiency test (PT) panel for the year 2012. The PT panel was successfully tested and results submitted to the CDC GAP team on 13th March; well in advance of the submission deadline of 25th March. Results are being awaited for this round of testing.
- **Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results:** ZPCT II continues to support the implementation of the SMS initiative for transmitting laboratory results this quarter. During the reporting period, ZPCT II conducted a TOT for its staff, who will in turn train users at selected target sites and support the national roll-out of the program.

- Specimen referral system: Referral activities for CD4 continued during this quarter. Motorcycles requiring repair were fixed promptly averting long interruptions in referral services. 214 sites referred on average 45,000 specimens to 127 laboratories with CD4 capacity. ZPCT II continues to monitor the system and strengthens it where weaknesses are identified.
- Internal quality control (IQC): ZPCT II continued to monitor adherence to the approved MOH internal quality control standard operating procedures this quarter. Technical assistance revealed a steady increase in regular use of the various logs as this is a major quality requirement in line with strengthening laboratory management toward accreditation (SLMTA). Implementation of the same was reviewed and facility staff mentored on the critical nature of this activity. Out of the 14 logs nine are now in use as a result of staff appreciating the need to document user maintenance on support equipment such as autoclaves and the need to conduct quality control of Romanowsky stains for malaria. Commodity management training during the quarter reemphasized these quality practices.
- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:
 - *CD4 EQA Program:* During the quarter feedback regarding CD4 % EQA performance was communicated and it was learnt that the external assessor UKNEQAS had not placed Zambian sites enrolled on the scheme in the same peer group determined by the CD4 marker used in the respective reagent kit. This resulted in distorted analysis of results obtained and pointed to poor performance. However, this has been rectified and after further analysis, it was noted that sites have actually been performing well. ZPCT II continues to mentor users on quality assurance.
 - *TB EQA:* This quarter, consultative discussions were held with TB Care on EQA follow up and joint technical assistance visits. ZPCT II will continue to work closely with TB Care to ensure effective implementation of the EQA program for TB in the supported sites.
 - *HIV EQA Program:* ZPCT II received feedback from the national reference laboratory regarding the performance of supported sites participating in the HIV external quality assessment program. Overall 83% of ZPCT II supported sites that received the panels' responded. 19 scored 0% while 11% scored between 25 and 75% and 223 scored 100%. ZPCT II CT/PMTCT and Pharmacy and Laboratory unit staff will conduct investigations to verify causes of the poor HIV EQA performance in the sites that scored poorly.
 - *10th Sample QC for HIV testing and other EQA Monitoring:* Coupled with HIV EQA the quarter recorded regular documentation of this practice. Sites that have not performed well in the latest round of HIV EQA will also be investigated for 10th sample QC checking. This double checking may provide insight on why some sites are failing as it may reveal poor testing technique or a failure to appreciate national algorithms.
- Commodity management: This quarter, there was an improvement in the availability of some commodities at central level, including; micro-cuvettes for chemistry analyses on the Cobas Integra, and HIV test kits. However, PocH pack 65 continued to be out of stock and redistribution was difficult as most facilities were stocked out this quarter. A similar situation was experienced with FACSCalibur calibrite which was stocked out at central level compelling sites to use the FACSCount for CD4 enumeration. Hemocue Microcuvettes and other supplies redistributions were facilitated by provincial staff. Stock-outs at central level of dry blood spots (DBS) collection bundles prompted MOH to request its partners to procure the commodity as a stop-gap measure. ZPCT II has placed an order and continues monitoring supported sites undertaking DBS redistribution where possible to minimize interruption in service delivery
- Guidelines and SOPs: Administration of QA/QI tools was ongoing during the quarter and focused technical assistance to address deficiencies was also rendered.
- Equipment: Due to the stock-out of selected commodities like Cobas Integra cuvettes, FACSCalibur calibrite beads and pocH pack 65, the consistent functionality of the respective analyzers was somewhat affected. High throughput analyzers of this nature require regular constant use to ensure

optimal performance of the instruments. ZPCT II actively followed up on the status of laboratory equipment in its supported sites to ensure equipment was maintained in usable state.

During the quarter, the reagents for a new range of high throughput chemistry analyzers, the ABX Pentra C200, were received at central level and this facilitated the installation of the instruments in three supported ZPCT II sites. The other two will be installed next quarter.

Pharmacy services

Technical support to pharmaceutical services was provided in 383 ZPCT II supported health facilities (366 public and 17 private). The major focus of technical assistance (TA) was on strengthening the PEP program, strengthening quality pharmaceutical services in public-private partnership sites, providing support for MC activities, management of information systems and promotion of rational drug use concepts in all the six provinces.

- ARTServ dispensing tool: ZPCT II provided technical support to 72 public and four private facilities with the ARTServ dispensing tool. A total of nine of these facilities were not able to use the tool due to computer related problems most of which have since been resolved along with staff related constraints in some Provinces. Onsite orientations were conducted after installation at additional three facilities in Northern, Central and Luapula Provinces, namely Muyombe, Kapiri urban clinic and Luamfumu ZNS bringing the total numbers of facilities to 79 across the six provinces. The planned installations for this quarter will be at five sites, namely: Mwachisompola Health Demonstration Zone Clinic, Mukonchi RHC, Kayosha RHC, Riverside and Chibuluma clinic. The installation did not take place as scheduled due to challenges in IT support. This exercise will be completed next quarter.
- SmartCare integrated pharmacy module: ZPCT II continued to monitor the performance of the SmartCare integrated pharmacy module at 16 facilities using the system. The system was deployed last quarter in Kawambwa District Hospital in Luapula province and is performing well. The challenge of not being able to add new formulations still remains and it is hoped that the new 4.5 version currently being reviewed will address this issue.
- Pharmaceutical Management: This quarter, ZPCT II supported medication therapy management systems within pharmacies and scaled-up provision of drug information to patients using standard reference guidelines including job aids, dosing wheels and other IEC materials provided to HCWs. In addition, inventory control, good stores management and appropriate stock storage systems including optimal storage conditions were reviewed and it was noted that a substantial number of air conditioners in pharmacy stores were non-functional. Appropriate measures to address this have since been put into effect. Inadequate storage space, identified as a major challenge during mock accreditation assessments, still remains a challenge both in the bulk store and ART dispensaries as services expand. This has adversely impacted on compliance to proper storage guidelines. Other challenges noted include human resource constraints compounded by inadequate training in ART.
- Rational Medicine Use: The setting up and strengthening of drugs and therapeutic committees (DTC) at facility and district level this quarter was addressed in an effort to create avenues for knowledge dissemination and standardization in practice. The situation has greatly improved in some provinces such as Copperbelt and ZPCT II has stepped up efforts to work closely with PMOs and DMOs. ZPCT II continued to monitor availability and stock levels of paediatric FDC drugs and some facilities visited were stocked according to plan; however there is still room for improvement. Orientations on how to order, store and dispense the drugs are ongoing as new staff are deployed to ensure a smooth transitions of operations. All relevant IEC materials were distributed and displayed on the walls. The newly introduced first line Adult FDC ATRIPLA was still not widely distributed and as such implementation remains a challenge, however an improvement was noted as compared to last quarter. Pharmacovigilance activities including mentorship on ADR reporting and monitoring went on well although there is need to address training inadequacies and improve on feedback as well as harmonize national level activities.
- Other support
 - Post Exposure Prophylaxis: Access to ARV drugs for PEP still remains a big challenge especially for non-ART sites and this has affected the roll out of the PEP program. Further guidance will be

given upon completion of discussions with MOH and other cooperating partners which are aimed to resolve this challenge.

- *Public Private Partnership:* Private sector facilities were visited to ensure promotion and strengthening of quality pharmacy services for PEP, PMTCT and ART programs. Efforts to resolve the major challenge identified which limited access to ARV drugs from the public sector progressed well, resulting in a number of facilities getting stock. This issue is still under discussion with MOH, as we seek further guidance on how best to improve access and the rational use of commodities at these facilities.
- Supply chain and commodity management: Technical assistance visits were conducted during this quarter with a focus on monitoring quality of services and to strengthen commodity management systems in facilities offering ART services and general pharmacy practice. This quarter it was noted that most facilities that get supplies from CHAZ had a number of stock imbalances and were still using paediatric liquid preparations as opposed to FDCs. This situation is expected to normalize next quarter when CHAZ receives adequate stocks to re-supply their system.
- *ARV Logistics System Status:* This quarter, there were few facilities with stock imbalances on Truvada, Efavirenz 200mg and 600mg tablet, Kaletra solution, AZT/3TC FDC, Abacavir 300mg tablets and the solution, as a result of low stocks centrally. The supply chain manager database was used to review stock status at facility level and rectify the identified stock imbalances. ZPCT II facilitated the re-distribution of affected commodities among facilities to alleviate the problem. One of the challenges noted was that of transport constraints experienced by satellite sites thereby affecting access to commodities.
- *PMTCT Logistics System Status:* Stock imbalances on Nevirapine suspension continued this quarter despite adequate stock at MSL, some of the reasons include inconsistent ordering by some facilities and late receipts from MSL.

During this reporting period, ZPCT II distributed MC essential consumable kits and MC reusable instruments kits to MC sites. The mosquito forceps that was omitted from all the instrument sets is still outstanding; other challenges included the presence of short dated Lidocaine and the lack of povidone iodine at MC sites. However this was noted and will be rectified in the coming quarter. Monitoring the use of these commodities is ongoing in the facilities to ensure accountability and appropriate, rational use of the procured commodities. ZPCT II is still in the process of accessing additional MC supplies to avert stock imbalances and avoid any disruption of services.

ZPCT II continued to participate in national level activities focused on planning for various commodities in support of the ART, PMTCT, OI and STI, MC, Reproductive Health and other programs closely linked to HIV/AIDS services provision. In addition collaborative meetings were held with JSI, CIDRZ and other partners in an effort to improve coordination at all levels.

- Guidelines and SOPs: The draft copy of pharmacy SOPs currently under review was handed over to the Pharmacy unit at MOH for further review and development. An editorial committee was formed after several meetings comprising MOH staff and stakeholders to complete pending sections of the draft SOP manual. Once the SOPs are approved, ZPCT II will support the MOH with the printing and dissemination of the documents.
- The pharmacy services QA/QI tools both for ART and non-ART facilities were administered at ZPCT II supported sites this quarter.

2.2: Develop the capacity of facility and community-based health workers

Trainings

This quarter, ZPCT II supported HCWs and community cadres from its health facilities who attended capacity building courses in basic CT (20 HCWs and 16 lay counselors) basic child counseling (13 HCWs). In addition, 95 HCWs and 104 lay counselors were trained in PMTCT, and 17 HCWs and 50 lay counselors underwent refresher training in PMTCT respectively.

A total of 71 HCWs trained in ART/OI, 22 underwent refresher training in ART/OI and 26 were trained in paediatric ART. Participants were drawn from ZPCT II supported ART sites in Copperbelt, North-Western, Central and Luapula provinces. In addition, 79 Adherence Support Workers underwent refresher training in North-Western, Northern and Luapula provinces, and 12 HCWs were trained in male circumcision from Copperbelt, North-Western, Central, Luapula and Northern provinces.

ZPCT II also trained eight HCWs in ART commodity management, and 36 HCWs in equipment use and maintenance in the supported facilities.

Basic PMTCT, CT and full ART and OI management technical trainings included a module on monitoring and evaluation as well as post-training, on-site mentorship to ensure that the knowledge and skills learned are utilized in service delivery in the different technical areas.

In addition, one provincial mentorship orientation was conducted at model sites for 11 HCWs in North-Western Province. Furthermore, the second group of ten HIV Nurse Prescribers will be graduating on May 24, 2012 while the third group of 15 mentees (three per province) will be writing their final examination after a six week didactic and practicum training in Lusaka supported by ZPCT II and coordinated by General Nursing Council (GNC). This will be followed by a ten month practicum at their facilities supported by trained mentors. ZPCT II has also been participating in the planning and developing of evaluation tools for the evaluation of the HNP program which is scheduled to take place before the end of 2012.

2.3: Engage community/faith-based groups

ZPCT II provided support to community-based volunteers who offer counseling and testing, PMTCT and adherence counseling services in the six provinces. These volunteers complement the work of HCWs in health facilities and help increase and meet the demand for services within the supported communities' catchment areas.

A total of 1,246 community volunteers (343 ASWs, 517 Lay counselors, and 386 PMTCT Lay counselors) are currently supported by ZPCT II, with an additional small number expected to be added as a result of trainings in the new sites. ZPCT II is working closely with its partners to assess the impact this reduction will have on the service delivery and operations of the volunteers.

This quarter, community volunteers referred 26,114 clients (10,443 males and 15,671 females) to health facilities for PMTCT, CT, clinical care and MC services. Out of those referred, 17,670 (6,925 males and 10,745 females) actually received the various services. The Adherence Support Workers also followed up 5,403 people (2,396 males and 3,007 females) in the community. As the data management and reporting systems continue to improve, efforts by community volunteers will be more accurately measured.

During this reporting period, the youth counselor volunteers from Central and Luapula Provinces reached 1,140 people (595 males and 545 females) in the community with messages on reproductive health, male circumcision, and HIV/AIDS related issues. In addition, youths from Luapula showcased their activities during the launch of *Saving Mothers Giving Life* initiative attended by the USAID Zambia delegation.

As part of the strategy to enhance gender activities across the ZPCT II programs, the community team attended a five-day trainer of trainers on the screening and referral of gender based violence (GBV). The training focused on building the capacity of MOH and ZPCT II staff in supported provinces on GBV related issues. We expect the training will enable health care workers and community volunteers that support ART facilities to ensure improved screening for GBV and referral.

A total of 79 adherence support workers from Luapula (25), Northern (30), and North-Western (24) underwent refresher training in adherence counseling. During this training, the ASWs in Luapula were oriented to gender based violence module on GBV screening and referral.

The community team held its semi-annual unit meeting early in the quarter to share, among other things lessons learned in the implementation of community mobilization efforts, review the previous year's performance and also to share best practices from other provinces. The meeting was composed of all provincial community mobilization staff and representation of all ZPCT II MC technical officers. The unit also took the opportunity to

discuss and share the strategy for accelerated MC in static sites that included province specific action plans, as well as monitoring tools to support implementation. At the same meeting, other administrative issues and team building strategies were shared with the team.

In an effort to make community mobilization efforts more sustainable and locally owned, ZPCT II has started engaging with health Centre Committees (HCC) and neighborhood health committees (NHC) in order to foster community mobilization efforts. This quarter, orientation meetings were conducted for HCCs and NHCs at 19 supported health facilities in Central and North-Western Provinces. A total of 172 (82 males and 90 females) attended the meetings aimed at re-orienting the HCC and NHC members on their role as information providers and referral agents in the communities for services that are available at the health centers. Re-orientation discussions focused on GBV screening and referral, PEP, emergency contraception, referral and basic HIV/AIDS information. In addition, the ZPCT II community team held buy-in meetings with health facility in-charges in 40 supported facilities on rolling out of the NHCs community mobilization plan. All the 40 facilities expressed readiness in starting the meetings.

Zambulances

A total of 58 pregnant women and 12 chronically sick patients used Zambulances this quarter. Most facilities continue to face challenges of Zambulances not being suitable for single track paths that are so common in rural areas. Also, poor documentation might impact our ability to monitor actual use. On a more positive note, , their low use might be attributed to that fact that facilities are encouraging families to create birth preparedness plans. When families are well prepared for the onset of labor, Zambulances are needed only in the event of an emergency. Further investigation of the actual utility of the Zambulances is warranted and will be done in the coming quarters.

Mobile MC and CT

Five mobile MC services were conducted as part of the new strategy for accelerated mobilization around static MC sites this quarter. 2,096 males were mobilized for MC, and 1,571 males were circumcised. As a standard practice, all males were tested before their circumcision. In addition, ZPCT II conducted mobile CT during the commemoration of International Women's Day and the national Youth Day celebrations through which a total of 210 individuals received HIV CT and their results.

Referral networks

ZPCT II continued to partner and coordinate with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to strengthen district-wide referral networks. ZPCT II held 22 district referral meetings across the six provinces this quarter.

Thirty-seven of the district referral networks that were considered "functional" in the previous quarter have maintained at that status. Five districts are now considered weak (Milenge in Luapula, Lufwanyama in Copperbelt, Chinsali in Northern, and Chavuma and Ikelenge-new district- in North-Western), and two inactive (Chilubi and Mafinga-new district- in Northern). The ZPCT II teams in the supported provinces are reviewing the weak networks and devising a program to strengthen their operations.

Fixed obligated grants

This quarter, six CBOs were awarded fixed obligation grants (FOGs) to mobilize and refer clients for CT, PMTCT, and MC. These groups include; the Salvation Army (TSA) and Ray of Hope in Central, Mapalo, Trina and the Salvation Army in Copperbelt, Youth Alive Kasama in Northern, and Vision Africa Regional Network (VAREN) in Luapula. In addition, reassessments were conducted to determine capacity building needs so as to remain compliant with FOGs requirements. NZP+ Kabwe in Central, Umunwe Umo and Youth Support Initiative in Copperbelt, Sengenu and Moment of Hope in North-Western, and NZP+ Nchelenge in Luapula are now eligible for FOGs. Assessment reports and scope of works will be submitted to USAID for award consideration.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

ZPCT II provided support in integrating HIV/AIDS services into MOH health services for reproductive health (RH); malaria; and maternal, newborn and child health (MNCH). Health care workers in the MNCH departments were trained to provide PMTCT, CT and family planning as part of the regular package of MNCH services. In addition, staff members at both the PMO and DMO level needing training in some of the technical areas were included in the ZPCT II sponsored trainings to strengthen their capacity in providing facility mentorships and technical assistance. This was found to be necessary to help them transfer the learned skills to staff at health facility level. This quarter, ZPCT II and DMO/PMO staff conducted joint technical support visits to health facilities.

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

This quarter, three trainings were conducted with the support from Social Impact, namely: gender mainstreaming for ZPCT II senior management staff, GBV screening and referral, and ASW gender integration. These trainings are aimed at enhancing gender integration skills, promoting a leadership style and culture of embracing gender integration as a core business for ZPCT II and selected MOH provincial and district staff. The trainings focused at equipping staff in understanding of the PEPFAR gender cross cutting key elements and the revised gender indicators for ZPCT II gender strategy as approved by USAID. The gender cross cutting elements of increasing equity, reducing violence and coercion and addressing male norms have been integrated within the ZPCT II implementation, monitoring and evaluation plans.

The ZPCT II provinces started rolling out the GBV training through integration into other planned trainings such as PMTCT, ART and ASW. During this reporting period, 69 different community cadres were oriented on GBV issues in Luapula Province and 30 Adherence Support Workers (ASWs) were trained in GBV during the ASWs refresher course in Northern Province. Central Province sensitized neighborhood health committees and referral network member organizations on what constitutes GBV. GBV has been integrated into the agenda for district referral network meetings.

A number of guides and tools were developed and reviewed during the same quarter. The module for ASW to integrate gender in ART services was reviewed and is in the process of being finalized. The Generic Gender Module (GGM) which is intended to facilitate integration of gender aspects in different types of trainings was finalized and is being used in training Community Health Workers and MOH staff. The MOH Human Resources Manual is being used in planned trainings by the Capacity Building Unit. The GBV section of Chronic HIV Care (CHC) checklist was revised to align with the revised gender indicators which address key elements of the PEPFAR gender cross cutting issues. A draft guide for writing success stories was also produced and will augment current guidelines being used by community mobilization. The guidelines on male involvement in PMTCT were drafted, reviewed and soon to be finalized.

We continued to work closely with the Gender and Child Development Division (GCDD) as a key stakeholder for ZPCT II's gender integration work. During this quarter, ZPCT II participated in the review and drafting of the African Gender and Development Index (AGDI) country report for Zambia. The AGDI is a tool designed by the African Centre for Gender and Social Development of the United Nations Economic Commission for Africa to measure gender inequalities in the social, economic and political fields. Also, it is a framework for assessing performance in the implementation of the conventions and protocols that are signed by African countries.

Community volunteers continued to work within communities to emphasize the importance and benefits of male involvement in PMTCT, CT, FP and RH services. This quarter, 19,823 males received HIV CT and their test results in the context of PMTCT services. 18,777 were tested for HIV as couples, and 10,840 couples were counseled for family planning/reproductive health. 10,917 clients were screened for GBV using the CHC checklist, while 94 rape/sexual assault victims were provided with PEP.

USAID/Zambia conducted a gender integration training attended by the ZPCT II Gender Specialist aimed at strengthening commitment and capacity among USG funded partners to address gender in research and programs, including gender equality on February 16, 2012.

3.3: Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

The SI unit, working with the MOH at facility level, mentored health care workers in the use of QA/QI data to improve quality of service delivery in areas noted in the national SOPs and guidelines. HCWs from all ZPCT II sites were mentored to triangulate QA/QI data with the routine service statistics collected on a monthly basis. Additionally, quarterly feedback meetings, attended by facility and DMO staff, were held at district level to discuss data trends and use these to influence decision making at both health facility and DMO level.

This quarter, the capacity building and SI team conducted joint orientation via teleconference for programs and SI unit staff in the six ZPCT II provinces. The orientations are meant to prepare the provincial teams for collection of capacity building management indicators in the ZPCT II graduated districts. Collection of the indicators and reporting will start next quarter.

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

A pilot survey was conducted by the ZPCT II Kabwe provincial office in four management capacity building indicators from February 10 – 16, 2012. The survey is aimed at assisting with monitoring of management indicators critical to the effective management and coordination of health activities at district and health facility level. Data were collected from Kabwe and Mkushi Districts, in the following: human resources (retention database), governance (performance assessments), planning (action plans) and financial management (funds disbursement) management. Results of the pilot from the two districts were varied, e.g., both districts showed that funds were not disbursed on time, whereas inadequate staffing was consistent in both districts.

The National Institute of Public Administration (NIPA) facilitated a planning training workshop from March 5 – 9, 2012 in Kabwe, Central Province. This capacity building training was attended by 12 participants drawn from six district medical offices (Kabwe, Mumbwa, Mkushi, Kapiri Mposhi, Chibombo and Serenje), and six staff from the provincial medical office in Central Province. Dr Nsakanya and Mr. Kawimbe from ZPCT II were in attendance to observe and also provide technical advice on some aspects of plenary discussions whenever need arose. The scores on the post test results (average 56%) showed an improvement in the level of knowledge in planning skills, compared to the pretest (average 40%).

Mentorships in human resource and financial management took place in Luapula and North-Western Province this quarter. In Luapula, seven human resource and nine finance staff were mentored from these DMOs (Kawambwa, Nchelenge, Chiengi, Milenge and Samfya). In North-Western Province, a total of 53 human resource and finance staff were mentored from these DMOs (Chavuma, Zambezi, Kabompo, Mufumbwe and Kasempa). Central, Copperbelt and Northern provinces did not conduct their mentorships due to PMO performance assessment activities. The mentorship plans have since been rescheduled to next quarter.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

ZPCT II in the last quarter started giving technical support and reporting data from one more private sector facility in ART, the Tusekelemo Health Centre in Mkushi, Central Province. 14 out of 17 private sector facilities are providing comprehensive HIV services including ART. ZESCO Clinic in Ndola will start receiving technical support next quarter after the MOU is signed. ZPCT II trained HCWs from three supported private sector health facilities in various technical areas. 8 HCWs were trained as follows: three in ART/OI; three in PMTCT and two in Basic CT. ZPCT II provided technical support and mentorship on counseling and testing, PMTCT and provision of clinical care/ART and MC services. Data collection tools (MOH registers) have been distributed and are currently being used for data collection.

Next quarter, technical support and data collection activities are expected to start in another six private sector health facilities which were undergoing identification at the end of this quarter.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II collaborated with Ndola DMO and Kitwe DMO to provide technical support in service integration for the Ndola Diocese's community home-based care programme in Ndola and Kitwe districts. ZPCT II continued to provide technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers, respectively. During this quarter, 80 new clients were initiated on ART and 698 old clients were reviewed.

At the national level, ZPCT II is meeting with other USG partners such as JSI-Deliver on commodities logistics system, and Society for Family Health, Marie Stopes, and Jhpiego on male circumcision. Plans are ongoing to formalize collaboration through regular meetings with other partners at the provincial level.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

The ZPCT II Strategic Information (SI) Lusaka team participated in the Routine Data Quality Assessment (RDQA) by USAID in Kabwe, Central Province in March 2012. The RDQA report found generally solid systems at the national and province levels. However, the team also found a few counting errors at the sampled site resulting in ZPCT II under-reporting on some achievements. This quarter, the ZPCT II SI unit participated in the SMS Master trainers training workshop by UNICEF on Project Mwana held at Blue Nile Lodge from March 27-28, 2012. The project is led by UNICEF and MOH and is aimed at improving the turn-around time in communicating DBS results using SMS technology. Other organizations that participated were MOH, CIRDZ, EGPAF and CHAZ. The main aim of the training was to establish a core group of master trainers, who will be able to conduct TOT, mentor and monitor provincial trainings.

During the reporting period, the SI unit participated in the community M&E subcommittee meeting held on March 29, 2012 at Clinton Health Access Office. This was meant to establish monitoring and evaluation systems and tools to assess the actual impact of Ministry of Health's National Community Health Assistant (CHA) program in the general public health facilities in the rural part of Zambia. This is part of the preparation for deployment and implementation of the CHA program.

Also, the SI unit received the databases for analysis from the 10 pilot sites on HIV/AIDS retesting study of pregnant women. This quarter, the SI unit compiled a UNGASS statistical report for submission to MOH. Plans to test, pilot and roll out the upgraded new SmartCare version 4.5 were addressed during the SmartCare management meetings organized by MOH. The ZPCT II SI unit together with other technical units conducted a number of SmartCare testing on various reports. Feedback was provided to the SmartCare developers to improve the system performance. Other meetings attended included; Epidemiology for Data Users (EDU) training, planning meetings, and Saving Mothers Giving Life (SMGL) meetings.

The M&E procedures Manual which included new indicators on clinical care, gender, laboratory, and MC was reviewed during the quarter. The unit also began developing the M&E plan for the CBD project. The Data Manager from FHI360 HQ visited the unit in February 2012 and provided valuable feedback on, among other things, documenting and developing data management plans.

This quarter, the ZPCT II SI unit facilitated the documentation of statistics for the ZPCT II quarterly program results and subsequent portfolio review reports.

Quality assurance and quality improvement (QA/QI)

Provincial ZPCT II technical staff conducted QA/QI assessments in all technical areas: ART/CC, PMTCT, CT, laboratory, pharmacy, and monitoring and evaluation. Administration of tools was also done in all districts that have been graduated for more than six months.

This quarter, ZPCT II participated in the official presentation of the first draft of the National Quality Assurance Guidelines, Performance Improvement Approach Trainers Manuals as well as the Performance Improvement Approach Participants Manuals at the Ministry of Health. The other major activity was designing a Trainers of

Trainers program for the Performance Improvement Approach, with the first training scheduled from April 23 – 27, 2012.

Administration of QA/QI tools

This quarter, QA/AI questionnaires were administered in eligible ZPCT II supported sites in all technical areas: ART/Clinical Care, PMTCT, HIV CT, laboratory support, pharmacy support and M&E. The generated reports provided a basis for developing quality improvement plans for identified priority areas.

ART/Clinical care

ART provider and facility checklists were administered in 118 reporting ART sites. The main findings following the ART/Clinical care service quality assessments were noted as follows:

There are reported delays in making positive DBS results available to ART clinicians for initiation of infants on HAART in some facilities. Affected districts include; Zambezi, Mwinilunga, Chavuma, Mungwi, Nakonde, Isoka and Mafinga. The reasons advanced for these were as follows:

- DBS sample referral system (courier) is very weak in the province
- The delay occurs both during the transportation from the facility to the hub as well as from Ndola's ADCH hospital back to the facility
- The SMS system of receiving results posed a major challenge

Action Taken:

- MCH in-charges and ART coordinators told to be diligent in ensuring DBS samples are sent as soon as they are prepared
- MCH in-charges and ART coordinators to utilize any transport that comes to the facility for transportation to the hub
- ART coordinator/facility in charge, to ensure that all infants with positive DBS results are initiated on HAART

Some facilities are still prescribing D4T based regimen to the children who have been on D4T based regimen for more than 3 years and are eligible for switch. The affected districts include: Mwinilunga, Zambezi, Kasempa, Mufumbwe, Kabompo, and Chavuma. The main reasons advanced for these were as follows:

- Clinicians not diligent in switching patients to the recommended regime as per protocol
- Clinicians are not updated on the new ART management protocols
- Clinicians not using ART reference manuals in facilities

Action Taken:

- Orientation on the latest ART Guidelines to commence in the second quarter of 2012
- Clinicians urged to refer to the job aids
- Intensify hands-on mentorship with focus on recommended ART regimes for ART providers

Smart Care records/ summary sheets are not being constantly updated in some facilities. The affected districts include: Isoka, Mbala, Kaputa, Kasama Luwingu, Mungwi, Mpika, Mafinga, Kasempa Mwinilunga, Zambezi, Kabompo, Solwezi, Chavuma, Kitwe, Ndola, Lufwanyama, Kalulushi, Luanshya, Chingola and Mufulira. The main reasons advanced for these were as follows:

- Clinicians not filling in the smart care forms completely when reviewing patients
- Some health care workers who attend to ART patients are not trained in ART management
- Intermittent power supply in some facilities made it difficult for DECs to update Smart Care
- Irregular updating of Smart Care by the DECs

Action Taken:

- Mentorship will be intensified by Clinical Care Unit, ART Clinicians will be called up for the Model site mentorship program and those not trained in ART will have to be trained during their next ART training.
- Clinical care experts have been encouraged to intensify supervisory visits to the affected facilities.
- Facility In Charges to be engaged in order to strengthen the holding of clinical meetings at facility level- review of smart care use & data to be on agenda

CT/PMTCT

The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 288 CT and 286 PMTCT sites. The main findings following the CT/PMTCT quality assessments were noted as detailed below:

Blood samples for CD4 from HIV positive pregnant women are not being collected or referred. Affected districts include: Mungwi, Mbala, Nakonde Kasempa, Kabompo, Zambezi, Mwinilunga and Chavuma. The reasons advanced for this include:

- Lack of transport due to motorbike breakdowns in some facilities.
- Lack of fuel due to erratic supply to transport samples in some facilities.

Action Taken:

- PMTCT unit to work with Pharm/Lab, programs and DMOs in ensuring sample referral system is in place
- Program unit to ensure that vendors to repair motorbikes
- Pharm/Lab, programs and DMOs to ensure there is constant supply of fuel for motorbikes

Some facilities are not providing ARV prophylaxis to babies born from positive pregnant women in the labor ward after delivery according to the National Guidelines. Affected districts include Kasama, Mbala, Mpika, Mwinilunga and Kabompo. The reasons advanced for these were as follows:

- Poorly motivated staff at Kayombo and Lwawu facilities in North Western Province.
- Shortage of health care workers to provide the PMTCT services at Sailunga Rural Health centre in North Western Province. The facility has only one member of staff who is out of the station most of the time.
- Stocks out of ARV medicines as facilities were not submitting PDRIV reports to their district pharmacies

Action Taken:

- Pharm/Lab unit to intensify mentoring facility staff on PDRIV
- PMTCT/CT unit with Lab/Pharm unit to continue ongoing mentorship to the district pharmacy
- Lab/Pharm and PMTCT/CT unit to actively follow up the district pharmacy to ensure availability of the drugs.
- Plans to follow up with the district MCH coordinator are in progress

HIV test kits not available constantly for the past three months in some facilities. Affected districts include Kasempa, Chavuma, Zambezi, Mwinilunga, Kabompo, Kasama Mpika, Isoka, Mafinga, Chinsali, Mpulungu, Kaputa, Serenje, Mkushi, and Kabwe. The reasons advanced for these are follows:

- Some facilities do not use the HIV Commodity Logistics Management System to timely order kits, and despite orders being made there was a stock out at the central level
- Daily activity register not updated properly
- Staff not sending reports/ orders on time
- Some DMOs promise to deliver kits but do not deliver on time e.g. Serenje and Kapiri in Central Province

Action Taken:

- PMTCT/CT unit with Lab/Pharm unit to actively follow up to the District Labs to ensure timely reporting and ordering of HIV test kits.
- DMO to keep to their delivery schedule
- PMTCT and Pharm lab Staff to reorient facility in charges on timely reporting and ordering of HIV test kits and proper documentation (DAR and R&R)

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 83 sites. The following issues were documented:

Some facilities did not have their machines serviced by the vendor on time and did not have backup procedures for equipment failures. Affected districts include Kasempa, Mwinilunga, Mufumbwe, Kabompo, Mansa, Mwense, Nchelenge and Chienge. The reasons advanced for these are follows:

- The vendor indicated they were attending to equipment in other provinces

Action Taken:

- Laboratory staff encouraged to continue Sample Referral Networks in case of equipment breakdown
- Liaise with the vendor to service the equipment

Some Lab facilities do not have an Internal Quality Control testing system for chemistry in place. Affected districts include; Kabwe, Chiengi, Kawambwa, Mansa Samfya and Mwense. The reasons advanced for these are follows:

- Poor staff attitude towards running controls
- The implementation of IQC is ongoing. Technical teams are currently providing technical support to affected facilities to initiate IQC.

Action Taken:

- ZPCT II laboratory officer to provide the specific orientation on the use of the forms and procedure to document internal quality control for chemistry testing
- Facility staff to be encouraged to use control material supplied by MSL

Some facilities did not have post-exposure prophylaxis policies and procedures on display. Affected districts include; Luwingu, Mpika, Isoka, Chinsali, Nakonde, Mpulungu and Kitwe. The reasons advanced for these are follows:

- The concept of PEP is relatively new in biomedical services. It is importance and relevance still need to be reemphasized through sensitization of facility staff management down to laboratory and other personnel
- The facility did not display any posters despite having been supplied

Action Taken:

- The necessity of setting up PEP corners and MOH approved documents to go with is now part of the routine follow up and monitoring items conducted by Technical Staff with each technical support visit.
- Responsible persons will be the ZPCT Technical staff, local facility administration staff and laboratory personnel
- Onsite mentorship and orientation will be done by ZPCT II lab technical officers.

Pharmacy

The pharmacy QA tool was used for quality monitoring in 128 sites.

Some of ART facilities have no charts to track expiry of products. Affected districts include; Chibombo, Kapiri Mposhi, Kasama, Mporokoso, Mungwi. The reasons advanced for this were:

- Charts had not been distributed to provincial offices by the Lusaka office

Action taken:

- Continue making follow ups on SOPs with the Lusaka backstop
- Affected facilities to quantify the expired drugs and notify the Provincial Pharmacist

Facilities lacking Lack lockable cabinets, lockable grills doors at the dispensary and bulk store. Affected districts include; Kabompo, Mufumbwe, Mwinilunga, Solwezi, Kasempa, Ikelenge, Chibombo, Kapiri Mposhi, Serenje, Kabwe and Mkushi. The reasons advanced for this include;

- Lack of electric power at Luwi in North Western Province to do such works.
- Facility financial constraints to do such projects.
- Cabinets have not yet been procured.
- Hospital management not in support of installing lockable grill doors (Zambezi)

Action taken:

- Pharmacy technical officer to follow up with program unit for possible inclusion in the next RA amendments
- Provincial pharmacy Technical officer to ensure that the amended RAs are implemented.
- Pharmacy technical officer to follow up with Hospital management and ensure security is assured

Some health facilities do not have functioning air-conditioners. Affected districts include; Kitwe, Lufwanyama, Chingola, Solwezi, Kasempa and Mwinilunga. The reasons advanced for this include;

- Lumpuma and Mushingashi in the Copperbelt Province do not have electricity
- The air conditioners require either servicing or replacement

Action taken:

- To expedite the procurement process of A/Cs with programs and administration.
- Procurement of room and fridge thermometers has been included in the RA amendments.

Monitoring and Evaluation (M&E)

The M&E QA tool, a management tool which assesses data management, was administered in 240 facilities in total, 64 in graduated facilities and 176 in non-graduated facilities. Notable among the findings were:

Smart Care patient's records not updated. Affected facilities were; Mafinga, Isoka, Mbala, Mungwi, Kasama, Kitwe, Ndola, Mufulira, Chingola. Reasons included:

- Power problems hamper running of Smart Care in some facilities
- Errors in data entry
- Incomplete documentation in Smart Care forms
- Smart care computers breaking down at a very high frequency partly due to most PCs being too old.

Action Taken:

- SI unit to work in collaboration with IT unit in promptly responding to smart care computer problems
- DEC's to collaborate with HCWs to ensure Smart Care forms are completely filled out
- DEC's to timely update Smart Care
- Ongoing mentorship on data management

Some facilities are not regularly updating mother baby follow up registers. This was noted in the following districts; Kitwe, Ndola, Mpongwe, Masaiti, Lufwanyama, Kabompo, Mwinilunga, Chavuma, Kasempa and Zambezi Reasons advanced included:

- Most PMTCT facility based service providers do not know how to manage the mother baby follow up register
- Staff not oriented on the correct use of registers

Action Taken:

- PMTCT/CT unit to order and distribute the registers in the affected facilities
- Mentorship of staff on the correct use of registers in affected facilities

Some facilities are not keeping patient records in secure or lockable environment. Affected districts include; Milenge, Kawambwa, Samfya, Chienge, Nchelenge, Kawambwa, Kitwe, Ndola, Kalulushi, and Luanshya. The reasons advanced for this include:

- Most of the filing cabinets are full
- The number of clients is on the increase while the supply of filing cabinets has been not been commensurate

Action Taken:

- Request for purchase of filing cabinets
- Awaiting the supply of adequate filing cabinets once procurement is done

District graduation and sustainability plan

The total number of graduated districts increased from 20 to 24 as at March 31, 2012 with the graduation of Lufwanyama and Ndola Districts in Copperbelt province, Chavuma District in North-Western province, and Mansa District in Luapula province this quarter. The graduation event meeting for Luwingu District was held on December 21, 2011. Chibombo, Kapiri Mposhi, Isoka, Ndola, Lufwanyama, Kasempa and Zambezi districts are targeted for graduation next quarter. ZPCT II intends to document this effort, analyze existing data for better insights on the factors that contribute to graduation success, and share the experience via a peer reviewed journal.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: During this quarter, ZPCT II continued to provide programmatic, financial and technical support to 371 facilities in the 44 districts across the six provinces. Currently, ZPCT II is managing a total of 61 recipient agreements, one with UTH –MC Unit, five PMOs, 44 DMOs and 11 hospitals.

Renovations: 61 health facility renovations have been completed to date from the planned 63 renovations for year three, while the remaining two contracts for facility renovations are expected to be completed next quarter. Tender documents are currently being developed and compiled for the 52 new refurbishments targeted for 2012, and advertisement will commence next quarter.

Mitigation of environmental impact

As an ongoing activity, ZPCT II monitored management of medical waste and environmental compliance in all of its supported renovations this quarter. Guidelines were used by provincial offices to implement and monitor medical waste management and disposal. Monitoring and documenting of health facility practices and adherence to the Environmental Protection and Pollution Control Act has is being followed.

Monitoring of proper disposal of sharps in puncture proof boxes is ongoing, with facilitation of the transportation of new or full sharp boxes by ZPCT II where necessary. Assessments for refurbishing incinerators in selected facilities were concluded this quarter and the tendering process for identified incinerator refurbishment works has commenced. Refurbishment of existing incinerators has commenced as well as installation of wire fences around incineration and disposal sites for the prevention of scavenging.

Procurement

This quarter, ZPCT II procured the following equipment and furniture: eight fire extinguishers, six GPRS MTN modems, four desktop computers, printers & UPS, four solar LED lanterns, six theatre tables, five theatre linen sets, 251 lockable 4-drawer file cabinets, 57 lockable storage cabinets, 17 autoclaves, 48 fixed volume pipette, 298 stacking chairs, 167,960 suspension files & manila folders, three refrigerators, 38 Hemocues, one motorcycle helmet. In addition, 12 motorcycle ambulances, three motor vehicle ambulances and one project vehicle were procured for SMGL. This equipment will be delivered to ZPCT II supported facilities in the next quarter.

Human Resources

Recruitment

During this quarter, ZPCT II hired five staff to replace those that left the organization. In addition, recruitment plans are ongoing to fill the remaining 17 vacancies.

Training and Development

The ZPCT II staff attended training in the following areas during the reporting period:

- *Advanced HIV/AIDS Management:* Clinical Care Officer from the ZPCT II Solwezi Office was sponsored for this program
- *International Financial Reporting Standards:* this was a two day training that was attended by the Provincial Finance Manager from Ndola

Information Technology

During the reporting period, ZPCT II upgraded internet bandwidth for all its six offices. The Vsat antennae at all ZPCT II offices were re pointed to a new satellite with more bandwidth capacity and this is expected to improve internet connection performance and communication.

This quarter, ZPCT II ordered 27 laptop computers and 5 desktops for its staff. This will cater for ongoing staff recruitment as well as replacing old computers that have become obsolete. Also, procurement to replace and upgrade IT equipment identified in the supported facilities commenced this quarter, and will be completed next quarter.

FHI360 introduced a web based Time Resource Management (TRM) system for electronic submission and approval of time sheets. Staff orientation for the new system started this quarter and the TRM system is expected to go live in the next quarter.

Data capture continued for the computerized asset inventory software. ZPCT II has a lot of assets to be captured and it is expected that the data capturing will continue next quarter. Once completed, the software will be rolled out to the other ZPCT II offices.

Finance

- Pipeline report: The cumulative obligated amount is \$82,818,000, out of which we have spent \$61,006,535 as of March 31st 2012. The current obligation for workplan year Jan-Dec '12 is \$25,506,000 and our current expenditure is \$6,935,203. This is 27% of the current obligation. The remaining obligation of \$19,829,601 is enough to take us up to December 2012. Using our current burn rate of \$2,311,734, the remaining obligation is projected to last us for the next nine months.
- Reports for January – March 2012
 - SF1034 (Invoice)
 - SF425 (quarterly financial report)
- Training and meetings: During the quarter, the Director of Finance and Administration attended a four days training in Contracts Management in Johannesburg, South Africa.
- Financial Reviews: During the quarter, we conducted two day financial reviews for two of our partners CARE and CHAZ. These were successfully conducted. The CARE report was finalized and sent to the partner while the CHAZ report is still a draft. The finance team further carried out financial reviews of some of the ZPCT II field offices namely Central Province and North-Western Province.

KEY ISSUES AND CHALLENGES

National-level issues

- **Staff shortage in health facilities**

Staff shortage at facility level is an ongoing issue across all six provinces, especially in the rural facilities where staffing levels are much lower than in urban areas. To assist the MoH address this challenge, ZPCT II trained 170 community volunteers and 145 Health care workers in basic and refresher trainings in counseling and testing, PMTCT, ART/OI, pediatric ART, male circumcision, child counseling and adherence counseling. A total 15 HIV nurse prescriber trainees supported by ZPCT II will be writing final exams next quarter.

- **Lack of DBS bundles**

Despite the efforts being made by ZPCT II to redistribute DBS kits from low use facilities with excess stocks, the stock levels of DBS bundles were insufficient in most supported facilities. This was due to a central level stock out of the commodity. This contributed to interruption in service provision. ZPCT II continued to work in collaboration with the DMOs and Laboratory Coordinators to facilitate redistribution of DBS bundles where feasible. In addition, ZPCT II commenced procedures to procure DBS bundles as a stop-gap measure to alleviate the stock-out in sites it supports

- **Laboratory commodity stock-outs**

Stock-outs of selected commodities were experienced during the quarter under review. These included: Cobas Integra 400+ cuvettes for chemistry profiles, calibrite beads for FACSCalibur CD4 analyzer, dry blood spot collection bundles, hemocue microcuvettes, HIV test kits, and PocH pack 65 for Sysmex PocH haematology analyzer. ZPCT II successfully facilitated the redistribution of the DBS bundles, hemocue microcuvettes and HIV test kits, but faced challenges in the redistribution of the other items. ZPCT II continues to liaise with MOH, SCMS and MSL on commodity stock out issues.

- **Pharmacy commodities**

Upon review of the MSL bulletin, it was noted that the stock imbalances of Efavirenz 600mg and Truvada still continued this quarter. This is as a result of the transitioning to Atripla and challenges in implementation of new guidelines. ZPCT II will monitor the situation closely.

- **Renovations**

The status has not changed with regard to inadequate space for service provision. Ongoing discussions with PMOs and DMOs to help them prioritize infrastructure development have not yielded tangible results. ZPCT II will continue to support limited renovations. ZPCT II has identified and will support refurbishments in 52 health facilities and tender documents are currently being developed.

ZPCT II programmatic challenges

- **ZPCT II budget realignment**

We have submitted a request to USAID Zambia to realign the ZPCT II budget, which will allow the continued smooth implementation of all project activities through the end of project period, June 2014. The proposed adjustment merely adjusts existing line items, while remaining under the contracted ZPCT II ceiling. Our hope is that this proposed realignment will be executed during the next quarter.

- **Disposal of medical waste**

A number of rural facilities still lack running water, incinerators, and septic tanks/soak ways which would facilitate proper disposal of medical waste. ZPCT II has revised the Environmental Mitigation and Management Plan (EMMP) to include provision of MOH approved incinerators and 'placenta pits' in facilities where deliveries are conducted. Facilities currently using ordinary pits will be supported through procurement of requisite impervious polythene sheeting for lining of the waste disposal pits. ZPCT II will also work with facilities to ensure appropriate depth and location of waste disposal pits.

- **Shortages of HIV test kits**

Although stock outs of HIV testing kits had lessened in some provinces, it remained a challenge in other provinces like Central, North-Western and Luapula provinces. This was due to poor adherence to the

prescribed ordering system and late delivery of the commodity by MSL. ZPCT II staff continued mentoring the facility staffs to timely compilation of consumption reports and provided staff with skills in forecasting and ordering of commodities to avoid stock outs.

- **Administration of CHC checklists**

This remained a challenge due to low staffing levels and the downsizing of community volunteers. In all facilities supported by ZPCT II, most of the CT work was and still is done by the lay counselors but this quarter, gaps were noted especially in facilities with only one lay counselor. North-Western Province was the most affected. ZPCT II technical staff continued to mentor and encourage facility staffs to screen both CT and PMTCT clients for chronic diseases for the benefit of the clients.

- **Re-testing of negative HIV clients**

Even though re-testing remained a challenge in CT due to seasonal migration of clients, ZPCT II has seen an improvement in the number of clients re-testing due to dissemination of behavior change messages and encouraging negative clients to re-test. Out of 118,867 who tested HIV negative, 22,891 were re-tested leaving a total of 95,976 who did not come for re-tests especially those in the window period. ZPCT II continued to work in collaboration with facility staffs to follow up CT clients using lay counselors.

- **Male involvement in PMTCT services**

This continued to be a challenge in some of the supported provinces. Male involvement in PMTCT services had been low in urban settings especially in North Western and Copperbelt Provinces. However, due to continuous sensitization to the community, Copperbelt improved this quarter on male involvement from 10% in the last quarter of 2011 to 16% during this reporting period. ZPCT II has continued to work with communities to mobilize and sensitize men on the importance of PMTCT in the HIV/AIDS intervention

- **Gender Based Violence**

Inadequate referral points for gender based violence victims. In rural areas there are very few places to refer GBV clients especially raped children who need to be removed from the places of sexual abuse for protection. ZPCT II continued to identify the nearest points of referral. This challenge remained the same with no places identified for referrals. Families were and still are hesitant to report gender based violence in fear that their relatives would be jailed as most of the GBV cases occur within families. The process of reporting these cases at police stations was cumbersome prompting the victims to abandon the process. ZPCT II continued to work in collaboration with DMOs and police to help the victims of GBV.

- **Break down of computer hardware**

The constant breakdown of SmartCare computers in a number of facilities has affected SmartCare database management. This has created data backlog at a number of facilities pending the procurement of replacement computers. These operational challenges with SmartCare application use have required constant support from ZPCT II IT Helpdesk Support Officers.

- **Poor filing system**

A number of facilities indicated the need for more filing cabinets as the ones that at the facilities are already full due to huge patient loads. Space in most record rooms is becoming inadequate to accommodate more filing cabinets.

- **Stationery Stock Outs**

A number of facilities indicated stock out of SmartCare forms, suspension files, manila, folders and toners; though procurement is still under way as orders have been placed by ZPCT II for these items.

- **Male circumcision services**

Low uptake of MC services was noted due to limited mobilization efforts in static MC sites during this quarter. During this quarter, the project operationalized interpersonal communication strategies by engaging neighborhood health committees using job aids and IEC materials to help in the recruitment of clients. The resignation of one member of the community team in Northern Province constrained implementation of activities during this quarter.

- **Post Exposure Prophylaxis (PEP) drugs logistics system**

It has been observed during the roll out of PEP services to non-ART sites that there is variation in the field on how drugs availability for this service is supported either through the ART, PMTCT or essential drugs logistics system. MOH is working on harmonizing the ordering system early next quarter after getting consensus at the technical working group scheduled for January, 2012. However, this did not result in any drug shortages.

- **Quality Assurance/Quality Improvement**

The quality of service especially in the area of HIV testing was affected due to a limited number of trained supervisors in Luapula Province where some facilities had zero correct results in EQA feedback done by UTH reference laboratory. ZPCT II provincial CT/PMTCT officers will undertake focused TA in the affected facilities, and train more CT supervisors.

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (January – March 2012)	Travel plans for Next Quarter (April – June 2012)
<ul style="list-style-type: none"> ▪ Silvia Gurrola Bonilla, Program Development Specialist, Social Impact, travelled to Lusaka to provide technical support in gender integration and build the capacity of ZPCT II from January 21 – February 10, 2012 ▪ Erik Jolles, Snr Data Manager, Quantitative Sciences, NC travelled to Lusaka from February 19 – 24, 2012 to provide TA to the SI unit and perform a review of the data management capabilities of the FHI360 sites for research projects and make recommendations for systems and procedures ▪ Walarigaton Coulibaly Regional Senior Program Officer traveled to Zambia from 12th -24th March. He provided program management support on the DOD project. He developed the project's work plan and a performance monitoring plan and update the project's budget based on new cost realities; ▪ John Bratt visited Zambia between 12-15 March 2012 and worked with ZPCT-II staff to define activities and resources needed to build economics capability into ZPCT II 	<ul style="list-style-type: none"> ▪ Dr. Richard Yoder (Project Technical Lead, Cardno EMG) and Ms. Violet Ketani (Project Manager, CardnoEMG) will travel to Lusaka to provide TA, local staff training and assist with key technical assignments in March 2012 ▪ Cecilia Kelly, Human Resource Partner, Management Sciences for Health, will travel to Lusaka to provide HR and administrative support for MSH staff in the ZPCT II project ▪ Justin Mandala from FHI360 HQ, will travel to Lusaka to provide technical assistance in PMTCT to the ZPCT II program in June 2012 ▪ Kellock Hazemba is travelling to Zambia to assist the country office prepare for internal audit between 20th May and 3rd June 2012 ▪ John Bratt and Rick Homan will travel to Zambia in June to help implement a system that will leverage existing data from our finance and M&E systems to allow the routine reporting of costs per unit of service delivered via ZPCT II. ▪ Lisa Dulli and (check) will travel to Zambia in May to support an effort to develop scientific protocols and initiate efforts to expand the generation of knowledge via implementation science through ZPCT II.

ANNEX B: Meetings and Workshops this Quarter (Jan. – Mar., 2012)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	<p>January 25, 2012 <i>EID TWG meeting:</i> This meeting was held at Child Health Unit to discuss DBS bundle stock outs, 2012 EID program plan by MOH and partners, SMS technology scale up for EID program, gap identification and improving integration of EID and Cotrimoxazole prophylaxis, DNA PCR requisition form and PCR EID data analysis. All partners were to report on facilities they are supporting which are reporting stock outs and/or over stocking DBS bundles. MOH to write a letter to all DHOs requesting a redistribution of DBS bundles in facilities with nothing from facilities with excess bundles.</p>
	<p>January 26, 2012 <i>Defence Force Medical Services/partner HIV and AIDS planning meeting:</i> The meeting was at JHPIEGO to focus on 2012 HIV/AIDS activities. Collaborating partners supporting Defence Force facilities gave brief presentations on achievements for 2011 and planned activities for 2012. A notification letter to ZPCT II on the support of Defence Force facilities was to be issued by American Embassy.</p>
	<p>January 31, 2012 <i>Nutrition TWG meeting:</i> The meeting was held at Blue Crest to review and discuss the nutrition concept paper, 1000 days nutrition campaign goals, barriers to achieving goals and possible strategies to address barriers including areas of partner collaboration. A research protocol for additional research in March was to be developed including IEC materials. The 1000 days nutrition campaign is to be launched in June 2012.</p>
	<p>February 11, 2012 <i>Emergency Obstetric Neonatal Care orientation (EmONC) meeting:</i> The meeting was held at CIDRZ to share the findings of the needs assessment which was done in 2005, assess the level of EmNOC in Zambia based upon UN process indicators and other factors, availability and distribution of EmNOC including 'met' and 'unmet' needs for EmNOC services in Zambia. It was recommended that number of skilled birth attendants be increased, communication and ambulance transport be improved, supplies and data collection system be strengthened, partnership to improve coordination to address EmNOC issues need to be built with health centres to include maternity wings be rehabilitated.</p>
	<p>February 17, 2012 All Technical Staff meeting. This meeting was held at ZPCT II training centre to discuss technical issues from monthly reports, updates on implementation of technical strategies and challenges. It was agreed that SI unit to provide a link on the p drive to tech staff to access data for review, indicators reported as Zero due to stock out of laboratory commodities should be verified by Lab/Pharm unit and a meeting was proposed by the DTS for SI unit, PMTCT and Lab/Pharm unit to find a way of ensuring that DBS/PCR data will be made available for capture.</p>
	<p>March 7, 2012 Project Mwana (mHealth) TWG meeting. The meeting was held at ZICARD to discuss partner site selection for scale up and selection of trainer of trainers and master trainers in mobile SMS. MOH and UNICEF will take the lead in the training of master trainers and partners will have to submit their commitment to train facility and community cadres.</p>
	<p>March 20, 2012 <i>Saving Mothers Giving Lives (SMGL) monthly meeting:</i> SMGL represents a new approach for USG agencies supporting maternal and newborn programs in Zambia in several ways. USG agencies have agreed to work together in four target districts, with each agency bringing its comparative advantages to the endeavor. This team, working with MOH counterparts, has jointly identified a comprehensive program of critical interventions to be applied and integrated in these four districts during the initial year of implementation</p>
	<p>March 22, 2012 <i>PMTCT stakeholders meeting:</i> The meeting was held at Mika hotel to identify barriers of communication in PMTCT and reach consensus about communication messages in PMTCT before the launch for the safe love mini PMTCT campaign in April 2012.</p>
	<p>March 27 – 28, 2012 <i>Master trainers' orientation workshop for mHealth:</i> The two days' workshop was held at Blue Nile lodge. The objectives of the workshop was to decide on a plan for conducting trainer of trainers trainings, share experiences on the current EID program and describe common challenges with SMS technology like network problems, equipment and explain the purpose of bringing project mwana to facilities and communities. It was agreed that partners to develop a budget of total expenses for one training and submit it to TWG for further discussion on how much will be required per training.</p>
MC	<p>January 31, 2012 <i>TWG Meeting:</i> This meeting which took place in Lusaka at the MOH focused on 2011 implementation review and preparations for the MC TDY visit by the USG. Partners made presentations on the 2011 activities. Southern Sun Hotel was officiated by WHO Country representative and the Minister of Health. A draft WHO Joint strategy for 2012 to 2016 was presented to partners as basis for interaction to facilitate 2011 to 2015 UNAIDS WHO, and PEPFAR strategies. Local challenges and action points were discussed</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>as well as the need to integrate VMMC into curriculum of medical students and consider neonatal MC as a sustainability approach. Organizations in attendance were MOH Zambia, JHPIEGO, ZPCT II, CHAI, MSI, SFH, PEPFAR, Bill & Melinda Gate Foundation, USAID, CDC</p> <p>February 6, 2012 <i>Meeting with the USG visitors-MC TDY this took place at Society for Family Health Offices:</i> ZPCT II participated in this meeting which was designed to review and share with the visitors the 2011 achievements and challenges. The visitors also shared their plan of action and made suggestions to some challenges faced by implementing partners. One such suggestion was the suggestion that partners with emphasis on static MC activities change to mobile models as these are cost effective.</p> <p>February 10, 2012 <i>MC TDY Feedback Meeting at MOH:</i> The visiting team gave feedback based on their findings as they went round the round assessing different facilities supported by different partners.</p> <p>March 2012 <i>Meeting to review draft 4 of the National MC communication strategy:</i> This meeting which took place in Lusaka at the Communication Support for Health was chaired by WHO MC national Coordinator. A draft for February 2012 meeting was presented to partners as basis for interaction to facilitate the review of the strategy document Organizations in attendance were, ZPCT II, ZPI & CSH</p> <p>March 14, 2012 <i>DOD program MC service implementation by partners meeting:</i> ZPCT II participated in this meeting attended by the following partners SFH,, JIPHEGO and the ZDF medical services division which was designed to develop guideline on implementing MC services in Defence forces health facility under the DOD funding. The meeting also was designed to mark out the partners selected facilities by provinces as outlined in the DOD funding plan</p>
ART/CC	<p>Feb 10, 2012 <i>Pediatric Technical Working Group Meeting:</i> ZPCT II participated in this meeting organized by MOH whose focus was to review the 2011 implementation plans. Each partner supporting pediatric ART services made presentations. The meeting also looked at the possibility of adopting Tenofovir in pediatric populations. The challenge of children failing second line and facing no other effective treatment options was looked at. As such a committee was set up at look at the possibility of introducing TDF progress of the national Mobile ART activities. ZPCT shared its experiences with ART services on Lake Mweru's Kilwa and Chisenga islands. Further the meeting was to suggest directions to further improve quality of ART services.</p> <p>March 7, 2012 <i>Joint Technical Working Group Meeting (PMTCT, Pediatrics, & Adult & Adolescent ART):</i> This meeting took place at MOH. The focus was on the 2011-2015 National Joint Roll-Out Plan. Dr C Osborne presented the plan and outlined the gaps which include the M&E frame work and costs. A plan has been laid out during which to address the gaps and launch a completed plan in May 2012.</p> <p>March 9, 2012 <i>CDC 3Is proposal development meeting:</i> ZPCT II participated in this meeting organized by MOH National TB program and partners TB care II,CIDRZ WHO, whose focus was to develop a proposal for submission for CDC funding for implement TB/HIV integration through strengthen screening of TB using the new diagnostic gene Xpert platform in the ART clinic setting and prisons. The proposal once approved will have the program implementation running for three years and the activities will be implemented in phased approach initially starting with 29 facilities and 8 prisons across the 4 provinces</p>
Laboratory	<p>January 11, 2012 <i>CD4% Performance Consultative Meeting:</i> ZPCT II attended the meeting convened by the MOH at which the group was updated by the national reference lab on the oversight by UKNEQAS regarding peer grading of Zambian sites participating in CD4% external quality. Zambia will be re-evaluated and placed in the appropriate peer group.</p> <p>January 19, 2012 <i>Strengthening Laboratory Management Toward Accreditation (SLMTA) Preparatory Meeting:</i> ZPCT II participated in the first planning meeting for the upcoming triple national SLMTA training events scheduled for April, June and August 2012. It was agreed that ZPCT II will participate both as a facilitator and would send staff to be trained to increase the pool of staff trained in SLMTA facilitating their further oversight of facilities earmarked for accreditation. A series of these planning meetings were held over the quarter.</p> <p>January 19, 2012 <i>Laboratory technical working group meeting:</i> ZPCT II participated in the annual laboratory technical working group meeting convened by MOH and attended by laboratory services implementing partners, held in Lusaka at Sandy's creation. At the meeting partner activities were reviewed and ZPCT II presented an update on laboratory support and also provided input for the finalization of the national strategic plan and the national workplan for the coming year.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>February 3, 2012 <i>PIMA monitoring visit update I Meeting:</i> IZPCT II attended the meeting convened by MOH held at CHAI. In attendance at the meeting were MOH lab services, CHAI, CDC SCMS-JSI, CIDRZ, CHAZ and ZPCTII. This meeting was held as follow up to the monitoring visits on the PIMA field study. The meeting was aimed at reviewing progress on the PIMA CD4 point of care pilot. The pilot had progressed well in all the sites; however a few sites had run out of PIMA reagents and needed to be resupplied. MOH provided the reagents for distribution.</p>
	<p>February 7, 2012 <i>TB Consultative Meeting:</i> In view of revised TB HIV strategy, a consultative meeting was held between Chest Diseases Laboratory and ZPCT II with the objective to appreciate the operations of the reference lab particularly as they relate to external quality assessment for routine TB testing. This assisted the laboratory unit with its reviews of the laboratory strategy and the planned collaboration with TB Care to incorporate aspects of TB HIV support in the implementation of the project support activities to laboratory services.</p>
	<p>February 16, 2012 <i>Becton Dickinson Blood Drawing Update:</i> ZPCT II attended this meeting held at CK Scientific (Z) Ltd. It was convened by MOH and facilitated by Becton Dickinson to provide updates on safe blood drawing practices in Zambia. In addition, the possibility of using CD4 stabilization tubes was explored, and the use of safety devices for phlebotomy practices was discussed. Issues deliberated have been forwarded to MOH laboratory services for consideration and feedback is being awaited.</p>
	<p>February 20, 2012 <i>Specimen Referral:</i> Clinton Health Access Initiative (CHAI) shared ideas with ZPCT II regarding scale up of current short messaging system for early infant diagnosis results and possible introduction of the system for CD4 results as well. This has initially been proposed to be done in three clusters each having one parent site and four daughter sites. This has not been ratified by the technical working group yet and feedback on this matter is awaited.</p>
	<p>February 22, 2012 <i>Strengthening Laboratory Management Toward Accreditation (SLMTA) Preparatory Meeting II:</i> This was the second in the series of SLMTA preparatory meetings. ZPCT II attended this meeting held at Ministry of Health in the Deputy Directors Office for Laboratory Services. The list of participating sites was drawn, sponsor details were discussed and trainers schedules materials, mentors, site visits and external assessors were also discussed. Overall follow up of sites implementing improvement projects was also thoroughly discussed. ZPCT II lobbied for more laboratory technical staff to be trained.</p>
	<p>March 10, 2012 <i>PIMA monitoring visit update II g Meeting:</i> This meeting was held at CHAI to prepare for the data collection and close out of the PIMA CD4 point of care pilot. This second PIMA monitoring meeting of the quarter meeting took time to review the data collection tools and plan the close out process of the pilot. The meeting was convened by MOH and in attendance at the meeting was MOH laboratory services, CHAI, CDC SCMS-JSI CIDRZ, CHAZ and ZPCTII</p>
	<p>March 21, 2012 <i>PMTCT/ART Scale-Up Plan and Monitoring and Evaluation:</i> ZPCT II participated in this consultative/collaborative meeting which was held at National AIDS and TB Council (NAC) to solicit support from partners for scale up plans for PMTCT/ART activities at a national level. Due to HIV test kit performance challenges, consultations from lab experts was sought for the change of HIV testing algorithm</p>
	<p>March 23, 2012 <i>Strengthening Laboratory Management Toward Accreditation (SLMTA) Preparatory Meeting III:</i> This SLMTA final preparatory meeting was held at ZPCT II offices, convened by MOH and attended by all laboratory implementing partners involved in SLMTA. The meeting had the objective to finalize all preparations regarding the second round of national training for SLMTA. Final dates were set for the first round of training and the final participant list was agreed upon and approved.</p>
	<p>March 27, 2012 <i>National PCR laboratory Update:</i> ZPCT II pharm & lab staff had a meeting with the deputy director for laboratory services at the Ministry of Health and deliberated on the status of PCR labs in Zambia. Further discussion addressed the support being requested by MoH for early infant diagnosis and viral load testing for selected centers in ZPCT II supported provinces. MoH agreed to provide more comprehensive insight into the request and duly advise ZPCT II management.</p>
	<p>March 27 & 28 2012 <i>Program Mwana TOT:</i> ZPCTII attended a two day workshop on program Mwana Master trainer. The meeting focused on providing training to partners who would be implementers of the program Mwana on Results160, RemindMI and Web tool. The meeting also took time to plan for roll out of the TOT on Results160, RemindMI and Web tool. This meeting was held at Blue Nile lodge and was attended by CDC, CHAI, CHAZ CIDRZ EGPAF and ZPCT II.</p>
	<p>March 29, 2012 <i>PIMA Next steps meeting:</i> The meeting was held at ZPCT II office and attended by MOH CHAI CIDRZ</p>

Technical Area	Meeting/Workshop/Trainings Attended
	and ZPCII. The main purpose of the meeting was to discuss the management of data and Alere PIMA devices that were collected from the sites and processes for the final analysis. The meeting agreed to store the PIMA devices and all data collected with MOH. A follow up meeting for data review and analysis was planned for the first week of May 2012.
Pharmacy	<p>January 18, 2012 <i>MOH Pharmacy Department Meeting:</i> MoH and ZPCT II had a meeting held at MoH Ndeke House to discuss way forward with SOPs, deliberate on issues pertaining to RDU including standards of practice in pharmacy and to enhance partner coordination. With regard to the process to undertake henceforth it was suggested that a small SOPs editorial committee be formed to take the lead and attend to the pending assignments and complete review of the document. MoH also planned to undertake various activities to strengthen pharmaceutical services to include RDU, DTC trainings, printing and distribution of IEC materials among other things.</p> <p>January 20, 2012 <i>RDU subcommittee meeting:</i> This meeting was hosted by CIDRZ and in attendance were ZPCT II and MoH. A de-brief on RDU activities proposed funding by UNDP was given by MoH, a number of activities were identified including site assessments and operations research for strengthening pharmaceutical management. The composition of the SOPs editorial committee was discussed and would comprise staff from UTH, Levy hospital, ZPCT II, CIDRZ, UNDP, MoH district and provincial pharmacy personnel.</p> <p>February 2, 2012 <i>SmartCare Version 4.5 DEMO Testing:</i> MoH invited stakeholders to UTH/Paediatric Centre of Excellence to participate in the finalization of the testing of version 4.5 of the SmartCare Software. The ministry requested for this support towards the implementation and usage of the SmartCare EHR system to ensure the system is stable and meets current user requirements.</p> <p>February 15, 2012 <i>SOPs review meeting:</i> The Ministry of Health with support from ZPCT II project hosted this meeting to de-brief stakeholders on the SOPs review progress. The main objective was to constitute the SOPs editorial committee and set TOR as directed by MoH A/DDP, re-assign pending tasks, outline roles and responsibilities, set timelines for the review process and agree on the way forward. The members present at this meeting were co-opted to form the editorial committee as instructed by MoH at a meeting held on the 18th of January, 2012. The editorial committee was tasked to take the lead and attend to pending assignments and complete review of the document. The roles and responsibilities included initial proof reading of respective sections and liaising with others on all outstanding issues.</p> <p>February 22 and 29, 2012 <i>SOPs Editorial Committee Update Meeting:</i> Two meetings were held and the agenda included an update on progress made to the different sections re-assigned to the editorial committee. Copies of all relevant forms to be included in the SOPs were identified, reviewed and updated accordingly. Thereafter the team deliberated further on the next steps and specific timelines for compilation and consolidation of all components of the document for final review.</p> <p>March 22, 2012 <i>Pharmaceutical Regulatory Authority Coordination Meeting:</i> ZPCT II and PRA met to discuss the national pharmacovigilance unit 2012 action plans and collaboration with ZPCT II. It was noted that orientations for Central province had been conducted and Lusaka province partly done and ongoing (utilizing supervisor's meeting, DTCs, trainings). Pending orientations were for Southern, Western and Eastern provinces and required support. ZPCT II would continue to support activities in the 5 provinces it supports (overseen by the CBPV) and in addition could also provide support for materials and national level activities. One major outcome of this meeting was the identified need for NPVU to call a meeting with CB regional office to have one consolidated NPVU plan and also to have a partner's meeting on 25th April, 2012 to streamline on coordination – invite MOH and other partners</p> <p>March 27, 2012 <i>NPVU Program Stakeholders Preparatory Meeting:</i> ZPCT II and PRA had a preparatory meeting for the NPVU stakeholders meeting scheduled to take place on 25th April, 2012. Ideas around participants to be invited were discussed as well as presentations to be made at that meeting. ZPCT II was tasked to draw up the program schedule, tentative budget and propose a venue for the meeting. NPVU was asked to have a meeting with MoH pharmacy unit for further guidance and come up with objectives of the meeting.</p>
Community	<p>March 27, 2012 <i>IEC/BCC coordinating committee meeting:</i> The ZPCT II hosted this meeting for USG partners that is held every quarter. Eight USG partners attended this meeting held on March 27, 2012 aimed at support to the national HIV prevention convention and World AIDS Day, share progress on the implementation of partner IEC/BCC plans, and highlight partner projects for possible synergies. CSH is compiling the minutes and will be distributed before next meeting.</p>

ANNEX C: Activities Planned for the Next Quarter (Apr. – Jun., 2012)

Objectives	Planned Activities	2012		
		Apr	May	Jun
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing services (CT)	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and community volunteers in CT courses	x	x	x
	Strengthen implementation of provider initiated Opt-out testing with same - day results in all supported sites	x	x	x
	Strengthen improved follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen CT services in both old and new sites and ensure the 9 new facilities starts sending data	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Continue strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes, (i.e. continuing the pilot for diabetes screening in ten facilities (five in central province and the other five from Copperbelt Province). Its evaluation will be done by the first quarter of 2011	x	x	x
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of CT and FP services	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Integration of CT into MC services by referring uncircumcised CT clients for MC and offering CT to all MC clients	x	x	x
	Conduct mobile CT for hard to reach areas	x	x	x
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	x
	Plan for MC counseling trainings for ZPCT II PMTCT/CT officers and health providers in conjunction with MOH and other partners	x	x	x
	Revise counseling training packages for service providers at the community and facility levels in order to make them youth friendly and include gender based topics such as prevention of gender based violence (GBV). Youths will be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	x	x	x
	Develop a gender module for engendering CT trainings.	x	x	x
	Screening for gender based violence (GBV) within CT setting	x	x	x
	1.2: Expand prevention of mother-to-child transmission	Strengthen the use of community PMTCT counselors to address staff shortages	x	x
Training HCWs and community volunteers in PMTCT to support initiation or strengthening of PMTCT services		x	x	x
Mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support and mother-baby pair follow up in the community		x	x	x
Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester with immediate provision of ARVs for those that sero convert			x	x
Continue the implementation of the HIV retesting study in the 10 sites		x	x	x

Objectives	Planned Activities	2012		
		Apr	May	Jun
(PMTCT) services	targeted across the six supported provinces			
	Continue supporting the implementation of the new 2010 PMTCT guidelines	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests.	x	x	x
	Procure point of service haemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for PMTCT	x	x	x
	Conduct supportive supervisory visits with national level PMTCT program staff to selected ZPCT II supported sites	x	x	x
	Strengthen implementation of PwP within PMTCT services for those who test positive through training using the PwP module in the PMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	support implementation of new revised provider training packages for facility and community based providers to include gender based activities 2010 PMTCT protocol guidelines and norms for service delivery within PMTCT setting	x	x	x
	Support gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/PMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking registers.	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement in PMTCT service	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for PMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	x
	Strengthen PMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services	x	x	x
Integrate family planning and HIV services and improve access of FP services through effective referrals.	x	x	x	
1.3: Expand treatment services and basic health care and support	Scale-up ART to new private health facilities and districts	x	x	x
	Orient HCWs in new revised 2010 ART guidelines as well print and disseminate the same	x	x	x
	Support ART/CC and MC services in existing PPP sites; initiate new year three PPP sites	x	x	x
	Conduct scheduled trainings in ART/OI, Adherence for HCWs, and Adherence for ASWs.	x	x	x

Objectives	Planned Activities	2012		
		Apr	May	Jun
	Strengthen implementation of new technical activities including Prevention With Positives ,	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Train ASWs in gender training module and initiate screening of ART clients in the ART clinics for gender based violence	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Print and distribute revised ART guidelines and job aids;	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support enhancement of TB/HIV collaboration activities including Intensified TB case findings	x	x	x
	Strengthen roll-out and implementation new Post Exposure Prophylaxis (PEP) Register	x	x	x
	Roll out revised Pharmaco-vigilance registers to all ART sites	x	x	x
	Continue working with facility and DHO/PMO staff to prepare ART sites for Accreditation	x	x	x
	Strengthen implementation of activities in Private Sector	x	x	x
	Participation at provincial level in the mentorship of HIV Nurse practitioners.	x	x	x
	Support holding of clinical meetings with HCWs	x	x	x
	Continue working with MOH and other partners in the planning and implementation of national level activities in ART, CC and MC	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients		x	
	Support implementation of model sites through one more mentors training in Lusaka and strengthen mentorship activities in the respective facilities and operationalize resource centers.	x	x	x
	Support training of HCWs in ART/OI for adults and pediatrics			
	Support and strengthen formation of adolescent HIV clinics in high volume sites	x	x	x
	TB Intensified Case Finding; actively look for TB patients in the ART clinic through various ways including screening using the Chronic HIV Care (CHC) checklist and provision of x-ray viewing boxes and IEC materials and in MCH settings in collaboration with TBCARE	x	x	x
1.4: Scale up male circumcision (MC) services	Technical support visits in male circumcision in relation to implementation of service delivery activities	x	x	x
	Strengthen MC services in existing sites and expand to new sites	x	x	x
	Initiate and scale up standardized, quality adult and neo-natal MC services at new ZPCT II - supported MOH sites	x	x	x
	MOH and ZPCT II technical officers responsible for MC to conduct field technical supportive supervision to newly trained HCWs	x	x	x
	Support the procedural requirements of certification of HCWs trained in MC	x	x	x
	Strengthen mobile MC activities by building on the strengths of the program	x	x	x
	Support community mobilization activities for MC in collaboration with CARE	x	x	x
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	SOPs Editorial Committee Update Meetings	x		
	Review draft SOPs at stakeholders consensus meeting	x		
	Provide support for the printing and dissemination of the reviewed ART pharmacy SOPs		x	x
	Participate in the National Pharmacovigilance stakeholders meeting	x		
	Provide ongoing technical oversight to new provincial pharmacy and lab technical officers	x	x	x
	Conduct unit review meeting for all technical staff			x
	Provide ongoing technical assistance to all the supported sites	x	x	x

Objectives	Planned Activities	2012		
		Apr	May	Jun
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	x
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	x	x	x
	Orientation and monitoring of facility staff in use of Nevirapine in line with extended use for infants	x	x	x
	Review and update ART Commodity management training package	x	x	x
	Participate in national quarterly review for ARV drugs for ART and PMTCT programs	x	x	x
	Support the implementation of the Model Sites mentorship program	x	x	x
	Strengthen pharmaceutical and laboratory services in the private sector	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	x
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x		
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	x
	Promote usage of tenofovir based regimens and newly introduced FDCs and monitor use of Abacavir based regimen as alternate 1 st line	x	x	x
	Orientation in use of newly introduced FDCs for paediatric and adult HIV clients in ZPCT II supported ART facilities	x	x	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies		x	
	Administer QA/QI tools as part of technical support to improve quality of services		x	x
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x	x	x
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	x
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities		x	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x	x
	Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance program.	x	x	
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for management personnel at PMO, DMO and facility level in Annual performance appraisal system (APAS) and Financial Management Systems (FMS)	x	x	x
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and determine capacity building interventions	x	x	
	Develop training modules	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Initiate and provide technical support to the six new and 12 old private	x	x	x

Objectives	Planned Activities	2012		
		Apr	May	Jun
	sector facilities			
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Provide on-site QA/QI technical support in two provinces	x	x	x
	Review and update ZPCT II client exit interview questionnaires	x	x	x
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites and support in implementation of new Gender indicators at facility level		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	Provide Technical assistance to the MOH/NAC Epidemiology for Data Users (EDU) Training	x	x	x
	Developers will still be working on SmartCare reports.	x		
	Testing for reports will be done by 20th April the installer will be ready.	x		
	Developers will still be working on SmartCare reports.	x	x	
	SI unit will be participating in the SmartCare national training for the national upgrade.			
	National SmartCare training will be targeting the provincial health staff.		x	
	National SmartCare training scheduled to take place by 21st May 2012.		x	
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	Approval of contracts for new renovations for year four and ensure completion of year three renovations	x	x	
	ZPCT II partners meeting		x	
	Amendment of recipient agreements and subcontracts			x
	Delivery of equipment and furniture to ZPCT II supported facilities		x	x
	Training of ASWs, conduct community mobile CT and community-facility referrals for CT, PMTCT, and MC	x	x	x
	Facilitate district referral network meetings	x	x	x
	Provide sub grants to selected CBOs/NGOs		x	x
Capacity Building	Conduct one two Governance and one Planning workshops		x	x
	Facilitate Human Resources and Finance mentorships in 44 districts	x	x	x
	Implement collection of management Indicators in 44 districts	x	x	x
	Submit report on Indicators to ZPCT II Lusaka office			x
Gender	Provide Luapula province with technical support for gender integration and GBV screening and referral of GBV survivors		x	
	Finalize the GBV Facilitators Manual	x		
	Produce Participant's manual for GBV and ASW.			
	Produce the definitions for all the revised gender indicators		x	
	Finalize QA/QI checklist to supervise gender integration	x	x	x
	Produce a module on gender for PMTCT (using as a base the gender generic module)	x	x	x
Finance	FHI finance team will conduct financial reviews of FHI field offices, and subcontracted local partners under ZPCT II project	x	x	x
HR	Team building activities for enhanced team functionality		x	x
	Facilitate leadership training for all staff in supervisory positions	x	x	x
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			x
	Recruitment of staff to fill vacant positions	x	x	x
IT	Complete data capture of all ZPCT assets	x	x	
	Delivery and distribution of received computer equipment to ZPCT staff	x		
	Purchase IT equipment upgrade accessories for supported health facilities	x	x	x
	Delivery and distribution of health facility computers		x	x
	Rollout of TRM to all ZPCT II Offices		x	

ANNEX D: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	4. Bwacha HC	Urban		◆	◆	◆	◆ ³		
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
<i>Mkushi</i>	17. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	18. Chibefwe HC	Rural		◆	◆	◆		◆	
	19. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	21. Nshinso HC	Rural		◆	◆	◆		◆	
	22. Chikupili HC	Rural		◆	◆	◆		◆	
	23. Nkumbi RHC	Rural		◆	◆	◆			
	24. Coppermine RHC	Rural		◆	◆	◆			
<i>Serenje</i>	25. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	26. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	27. Chibale RHC	Rural		◆	◆	◆		◆	
	28. Muchinka RHC	Rural		◆	◆	◆		◆	
	29. Kabundi RHC	Rural		◆	◆	◆		◆	
	30. Chalilo RHC	Rural		◆	◆	◆		◆	
	31. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	32. Mulilima RHC	Rural		◆	◆	◆		◆	
	33. Gibson RHC	Rural		◆	◆	◆			
	34. Nchimishi RHC	Rural		◆	◆	◆			
	35. Kabamba RHC	Rural		◆	◆	◆			
<i>Chibombo</i>	36. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	37. Chikobo RHC	Rural		◆	◆	◆		◆	
	38. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	39. Chibombo RHC	Rural		◆	◆	◆		◆	
	40. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	41. Mungule RHC	Rural		◆	◆	◆		◆	
	42. Muswishi RHC	Rural		◆	◆	◆		◆	
	43. Chitanda RHC	Rural		◆	◆	◆	◆ ³		
	44. Malambanyama RHC	Rural		◆	◆	◆		◆	
	45. Chipeso RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	46. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	
	47. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	48. Malombe RHC	Rural		◆	◆	◆		◆	
	49. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	50. Shimukuni RHC	Rural		◆	◆	◆		◆	
<i>Kapiri Mposhi</i>	51. Kapiri Mposhi DH	Urban		◆	◆	◆	◆ ³		
	52. Kapiri Mposhi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	53. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	54. Chibwe RHC	Rural		◆	◆	◆		◆	
	55. Lusemfw RHC	Rural		◆	◆	◆		◆	
	56. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	57. Mulungushi RHC	Rural		◆	◆	◆		◆	
	58. Chawama UHC	Rural		◆	◆	◆		◆	
	59. Kawama HC	Urban		◆	◆	◆		◆	
	60. Tazara UHC	Rural		◆	◆	◆		◆	
	61. Ndeke UHC	Rural		◆	◆	◆		◆	
	62. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	63. Chankomo RHC	Rural		◆	◆	◆		◆	
	64. Luanshimba RHC	Rural		◆	◆	◆		◆	
	65. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	66. Chipepo RHC	Rural		◆	◆	◆		◆	
	67. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	68. Chilumba RHC	Rural		◆	◆	◆		◆	
<i>Mumbwa</i>	69. Mumbwa DH	Urban			◆	◆	◆ ³		⊙ ¹
	70. Mumbwa UHC	Urban		◆	◆	◆			
	71. Myooye RHC	Rural		◆	◆	◆		◆	
	72. Lutale RHC	Rural		◆	◆	◆		◆	
	73. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	74. Nambala RHC	Rural		◆	◆	◆			
Totals			24	73	74	74	26	46	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Arthur Davison Hospital	Urban	◆ ²		◆	◆	◆ ³		
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	5. Chipokota Mayamba HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆ ²	◆	◆	◆		◆	
<i>Chingola</i>	20. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	21. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	22. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	23. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	⊙ ¹
	24. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	25. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	26. Kasombe Clinic	Urban		◆	◆	◆		◆	
	27. Mutenda HC	Rural		◆	◆	◆		◆	
<i>Kitwe</i>	28. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	29. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	31. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	32. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	33. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	34. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	42. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
45. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆		
46. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆		
47. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆		
48. Mwekera Clinic	Urban		◆	◆	◆		◆		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	49. ZNS Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	50. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
<i>Luanshya</i>	51. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	52. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	55. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	56. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
<i>Mufulira</i>	57. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	58. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	59. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	60. Kansunswa HC	Rural		◆	◆	◆		◆	
	61. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	62. Mokambo Clinic	Rural		◆	◆	◆		◆	
	63. Suburb Clinic	Urban		◆	◆	◆		◆	
	64. Murundu RHC	Rural		◆	◆	◆		◆	
<i>Kalulushi</i>	65. Chibolya UHC	Urban		◆	◆	◆		◆	
	66. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	67. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	68. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	69. Chati RHC	Rural		◆	◆	◆			
<i>Chililabombwe</i>	70. Ichimpe Clinic	Rural		◆	◆	◆			
	71. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
<i>Lufwanyama</i>	72. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
	73. Mushingashi RHC	Rural		◆	◆	◆		◆	
	74. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
<i>Mpongwe</i>	75. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	76. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙ ¹
	77. Mikata RHC	Rural		◆	◆	◆	◆	◆	
<i>Masaiti</i>	78. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	79. Kashitu RHC	Rural		◆	◆	◆		◆	
	80. Jeleman RHC	Rural		◆	◆	◆		◆	
	81. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	
Totals			43	79	81	81	42	57	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
<i>Kawambwa</i>	5. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	6. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	7. Kawambwa HC	Rural		◆	◆	◆		◆	
	8. Mushota RHC	Rural		◆	◆	◆		◆	
	9. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	10. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	11. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
12. Mufwaya RHC	Rural		◆	◆	◆				
<i>Mansa</i>	13. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	14. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	15. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	16. Matanda RHC	Rural		◆	◆	◆		◆	
	17. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	18. Buntungwa RHC	Urban		◆	◆	◆		◆	
	19. Chipete RHC	Rural		◆	◆	◆		◆	
	20. Chisembe RHC	Rural		◆	◆	◆		◆	
	21. Chisunka RHC	Rural		◆	◆	◆		◆	
	22. Fimpulu RHC	Rural		◆	◆	◆		◆	
	23. Kabunda RHC	Rural		◆	◆	◆		◆	
	24. Kalaba RHC	Rural		◆	◆	◆		◆	
	25. Kalyongo RHC	Rural		◆	◆	◆			
	26. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	27. Katangwe RHC	Rural		◆	◆	◆			
	28. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	29. Luamfumu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	30. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
40. Lukola RHC	Rural		◆	◆	◆				
41. Lubende RHC	Rural		◆	◆	◆				
<i>Milenge</i>	42. Mulumbi RHC	Rural		◆	◆	◆		◆	
	43. Milenge East 7 RHC	Rural	◆ ²	◆	◆	◆	◆		
	44. Kapalala RHC	Rural		◆	◆	◆			
	45. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	46. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	47. Chibondo RHC	Rural		◆	◆	◆		◆	
	48. Chipili RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Mwense</i>	49. Chisheta RHC	Rural		◆	◆	◆		◆	
	50. Kalundu RHC	Rural			◆	◆			
	51. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	52. Kapamba RHC	Rural		◆	◆	◆		◆	
	53. Kashiba RHC	Rural		◆	◆	◆		◆	
	54. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	55. Kawama RHC	Rural		◆	◆	◆		◆	
	56. Lubunda RHC	Rural		◆	◆	◆		◆	
	57. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	58. Luminu RHC	Rural			◆	◆		◆	
	59. Lupososhi RHC	Rural			◆	◆			
	60. Mubende RHC	Rural		◆	◆	◆		◆	
	61. Mukonshi RHC	Rural		◆	◆	◆		◆	
	62. Mununshi RHC	Rural		◆	◆	◆		◆	
	63. Mupeta RHC	Rural			◆	◆			
	64. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
65. Mutipula RHC	Rural			◆	◆				
66. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³			
<i>Nchelenge</i>	67. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	68. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	69. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	70. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	⊙ ¹
	71. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	72. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	73. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	74. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	75. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	76. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Samfya</i>	77. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	78. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	79. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	80. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	81. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
82. Kabongo RHC	Rural		◆	◆	◆		◆		
Totals			30	76	82	82	20	52	7

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
<i>Mpika</i>	9. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆ ²	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	20. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural		◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural		◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
<i>Isoka</i>	26. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	27. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	28. Kalungu RHC	Rural	◆ ²	◆	◆	◆		◆	
	29. Kampumbu RHC	Rural		◆	◆	◆			
	30. Kafwimbi RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	31. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	32. Thendere RHC	Rural		◆	◆	◆			
Totals			9	32	32	32	9	16	4

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ ²	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
<i>Mbala</i>	14. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural		◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
<i>Mpulungu</i>	25. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
<i>Mporokoso</i>	28. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	29. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Luwingu</i>	30. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	31. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	32. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	33. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	34. Kampinda RHC								
	35. Kalaba RHC								
<i>Mungwi</i>	36. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	37. Malole RHC	Rural		◆	◆	◆		◆	
	38. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	39. Chimba RHC	Rural		◆	◆	◆		◆	
	40. Kapolyo RHC	Rural		◆	◆	◆		◆	
	41. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		
	42. Makasa RHC	Rural		◆	◆	◆			
<i>Chilubi Island</i>	43. Chaba RHC	Rural							
	44. Chilubi Island RHC	Rural							

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	45. Matipa RHC	Rural							
Totals			16	40	40	40	16	23	5

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC			◆	◆	◆			
	13. Lumwana East RHC			◆	◆	◆			
	14. Maheba A RHC			◆	◆	◆			
<i>Kabompo</i>	15. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	16. St. Kalemba (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	17. Mumbeji RHC	Rural		◆	◆	◆		◆	
	18. Kasamba RHC	Rural		◆	◆	◆		◆	
	19. Kabulamema RHC	Rural		◆	◆	◆			
	20. Dyambombola RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	21. Kayombo RHC	Rural		◆	◆	◆			
	22. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	23. Zambezi UHC	Urban			◆	◆		◆	
	24. Mize HC	Rural		◆	◆	◆		◆	
	25. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	26. Mukandakunda RHC	Rural		◆	◆	◆			
	27. Nyakulenga RHC	Rural		◆	◆	◆			
	28. Chilenga RHC	Rural		◆	◆	◆			
	29. Kucheka RHC	Rural		◆	◆	◆			
	30. Mpidi RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	31. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	32. Kanyihampa HC	Rural		◆	◆	◆		◆	
	33. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	34. Lwawu RHC	Rural		◆	◆	◆			
	35. Nyangombe RHC	Rural		◆	◆	◆			
	36. Sailunga RHC	Rural		◆	◆	◆			
	37. Katyola RHC	Rural		◆	◆	◆			
	38. Chiwoma RHC	Rural		◆	◆	◆			
	39. Lumwana West RHC	Rural		◆	◆	◆			
	40. Kanyama RHC	Rural		◆	◆	◆			
<i>Ikelenge</i>	41. Ikelenge RHC	Rural		◆	◆	◆		◆	
	42. Kafweku RHC			◆	◆	◆			
<i>Mufumbwe</i>	43. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	44. Matushi RHC	Rural		◆	◆	◆		◆	
	45. Kashima RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	46. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	47. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	48. Chivombo RHC	Rural		◆	◆	◆		◆	
	49. Chiingi RHC	Rural		◆	◆	◆		◆	
	50. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	51. Nyatanda RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	52. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	53. Nselauke RHC	Rural		◆	◆	◆		◆	
	54. Kankolonkolo RHC	Rural		◆	◆	◆			
	55. Lunga RHC	Rural		◆	◆	◆			
	56. Dengwe RHC	Rural		◆	◆	◆			
	57. Kamakechi RHC	Rural		◆	◆	◆			
Totals			12	56	57	57	14	20	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Central Province									
<i>Kabwe</i>	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban			◆	◆	◆		
<i>Mkushi</i>	4. Tusekelemo Medical Centre	Urban		◆	◆	◆	◆		
Copperbelt Province									
<i>Ndola</i>	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆		◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban							
<i>Kitwe</i>	11. Company Clinic	Urban	◆	◆	◆	◆	◆ ³		
	12. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	13. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	14. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	15. SOS Medical Centre	Urban	◆		◆	◆	◆ ³		
Luapula Province									
<i>Mwense</i>	16. ZESCO Musonda Falls	Urban	◆		◆	◆			
North-Western Province									
<i>Solwezi</i>	17. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		◆
	18. Solwezi Medical Centre	Urban	◆		◆	◆	◆		◆

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded is a new ZPCT II site